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Vasectomy Beyond the Taboo: A Cross-Disciplinary Analysis of Biology, Law, and Religion in Indonesia

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Abstract:

Although vasectomy has been clinically proven to be safer and 30 times more effective than female sterilization, its prevalence among Indonesian Muslim men remains very low due to social stigma, religious ambiguity, and the gender-biased burden of contraception. This urgency prompted the present study to examine the reasons why Indonesian Muslim men choose vasectomy and how they overcome sociocultural barriers, focusing on four men from West Java, Jakarta, Bangka Belitung, and East Java. This study employed a descriptive

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qualitative method with a phenomenological approach to understand the personal experiences of men who underwent vasectomy. Data were collected through in-depth semi-structured interviews, then analyzed to uncover the meanings of their experiences, along with the practical and spiritual reasons behind their decisions. The findings reveal three main driving factors beyond vasectomy decision: maintaining family economic stability, ensuring children's psychosocial well-being, and protecting the wife's health from medical risks. Legally, a vasectomy aligns with constitutional rights and Ministry of Health Regulation No. 2 of 2025 on reproductive rights. Despite facing social stigma and gender pressures, the participants regarded vasectomy as a moral and responsible choice. The study further concludes that vasectomy can be understood as a form of *maṣlaḥah* within the framework of asy-Syāṭibī's *maqāṣid asy-syarī'ah*, as it aligns with the objectives of protecting life (*ḥifẓ an-nafs*), lineage (*ḥifẓ an-nasl*), and wealth (*ḥifẓ al-māl*). In this context, vasectomy is not merely a medical procedure; it is equally a moral, social, and spiritual act of male responsibility that supports gender equity in family planning.

Keywords:
Vasectomy; Family planning; *Maṣlaḥah*; *Maqāṣid asy-syarī'ah*; Sociocultural barriers

Introduction

Vasectomy is a permanent contraceptive method for men that involves cutting or sealing the vas deferens to prevent the release of sperm during ejaculation.[1] Through this intervention, the flow of sperm is completely obstructed, thereby effectively preventing conception with relatively minimal complications.[2] In the context of family planning, vasectomy plays a crucial role in enhancing male

[1] Joseph A. Borrell et al., "Comparing Vasectomy Techniques, Recovery and Complications: Tips and Tricks," *International Journal of Impotence Research*, 2025, 1–7, https://doi.org/10.1038/s41443-025-01018-5.

[2] Fang Yang et al., "Review of Vasectomy Complications and Safety Concerns," *World Journal of Men's Health* 38, no. 39 (2020): 406–18, https://doi.org/10.5534/WJMH.200073.

participation and reducing the contraceptive burden on women. However, male participation remains low in many countries, including Indonesia, due to the influence of social norms and structural barriers within health services, even though their involvement has the potential to strengthen reproductive health and promote gender equality.[3]

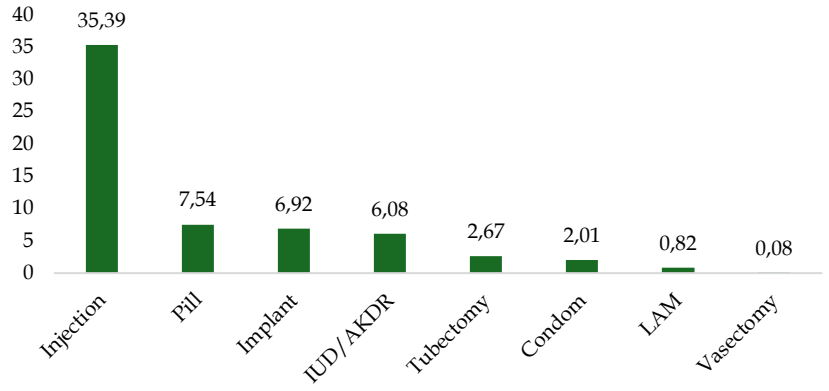

Figure 1. Proportion of Active Family Planning Participants by Modern Contraceptive Method, Indonesia 2024.

Based on the contraceptive method selection patterns shown in Figure 1, the majority of active family planning program participants prefer injections, even though they are relatively less effective at preventing pregnancy in the long term. Conversely, vasectomy recorded the lowest uptake among all modern contraceptives at a mere 0,08%, a paradoxical figure given that the male surgical method offers a compelling combination of clinical efficacy, procedural simplicity, and long-term cost efficiency that few other methods can match.[4]

When assessed from a long-term economic perspective, vasectomy emerges as the most financially efficient permanent contraceptive option for Indonesian couples. A cost-effectiveness analysis by Khoiriyah, Zakiyah, and Suwantika employing an Incremental Cost-Effectiveness Ratio framework confirms this

[3] Jawaria Mukhtar Ahmed et al., "Men's Involvement in Family Planning Programs: An Exploratory Study from Karachi, Pakistan," *Reproductive Health* 21, no. 1 (2024): 1–15, https://doi.org/10.1186/s12978-024-01875-1.

[4] Kementerian Kesehatan Republik Indonesia Indonesia, *Profil Kesehatan Indonesia Tahun 2024* (Jakarta: Kementerian Kesehatan RI, 2025), 120.

empirically: vasectomy requires only a single procedural payment of IDR 350,000 under the *BPJS Kesehatan* tariff, equivalent to fewer than two years of monthly contraceptive injections at IDR 15,000 per dose and with no subsequent expenditure required, while achieving an effectiveness rate of 99.90%, the highest among all non-hormonal methods and surpassing tubectomy at 99.50%.[5] These data are summarized in Table 1.

Tabel 1. Comparative Cost and Effectiveness of Contraceptive Methods in Indonesia

Contraceptive Method	Cost per Use (BPJS Tariff)	Payment Type	Effectiveness (%)
Vasectomy	IDR 350,000	One-time	**99.90**
Tubectomy	IDR 1,100,000	One-time	99.50
IUD/IUCD	IDR 100,000	Per insertion (periodic)	99.40
Implant	IDR 100,000	Per insertion (periodic)	99.95
Injection	IDR 15,000	Per dose (recurring)	99.70
Pill	IDR 2,175	Per blister (recurring)	99.70
Condom	IDR 61,000	Per gross (recurring)	98.00

Table 1 presents that vasectomy occupies a distinctly advantageous position among available contraceptive methods. Although the implant records a marginally higher effectiveness rate, the 0.05% difference is clinically insignificant and does not outweigh vasectomy's compounded advantages of permanence and zero recurring expenditure. Yang *et al*. further confirm that vasectomy is simpler, less time-consuming, and more cost-effective than tubectomy.[6] For couples who have reached a mutual and informed decision to forgo

[5] Shahnaz D. Khoiriyah, Neily Zakiyah, and Auliya A. Suwantika, "Analisis Efektivitas Biaya Penggunaan Kontrasepsi di Indonesia Tahun 2014 – 2017," *Jurnal Farmasi Klinik Indonesia* 8, no. 3 (2019): 188–95, https://doi.org/10.15416/ijcp.2019.8.3.188.

[6] Yang et al., "Review of Vasectomy Complications and Safety Concerns."

further childbearing, vasectomy therefore constitutes the most rational long-term instrument of household financial stewardship.

Sukma Rahayu *et al*. further note that the low uptake of vasectomy is primarily due to sociocultural barriers such as stigma and misinformation, as well as the prevailing perception that family planning is solely a woman's responsibility.[7] Although the National Population and Family Planning Board (BKKBN) set a target in 2024 to increase the prevalence of vasectomy to 5.7% among married couples using modern contraception, achieving this goal remains challenging due to prevailing social contexts and systemic barriers within health services.[8] In Indonesia, vasectomy is often considered a taboo practice because contraception is commonly perceived as a "woman's matter." At the same time, men are positioned as decision-makers rather than active participants in contraceptive use. Conceptually, however, both men and women hold equal roles in achieving a healthy, prosperous, and harmonious family from biological, psychological, and social perspectives. Empirical evidence supports this view. A cross-country study shows that men's involvement in decision-making regarding contraception remains very limited in many low- and middle-income countries (LMICs), including Indonesia, and is often shaped by traditional gender norms. Furthermore, research has found that effective and open communication between partners regarding family planning is significantly correlated with increased use of modern contraception. These findings demonstrate that spousal communication and male engagement are critical factors in improving modern contraceptive uptake and promoting gender equality.[9]

As exemplified by the decision of one of the informants (a married man) in this study, his decision to undergo a vasectomy was driven by three primary considerations: economic, psychosocial, and health-related factors. From an economic perspective, having more than two children was perceived as a potential financial burden that

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[7] Sukma Rahayu et al., "Reassessing the Level and Implications of Male Involvement in Family Planning in Indonesia," *BMC Women's Health* 23, no. 1 (2023): 1–14, https://doi.org/10.1186/s12905-023-02354-8.

[8] Rahayu et al.

[9] Desalew Zelalem et al., "Association of Effective Spousal Family Planning Communication with Couples' Modern Contraceptive Use in Harar, Eastern Ethiopia," *Open Access Journal of Contraception* 12 (2021): 45–62, https://doi.org/10.2147/oajc.s285358.

could reduce the quality of meeting the children's needs. From a psychosocial standpoint, the busy work schedules of both husband and wife raised concerns about the diminishing attention and affection they could devote to their children. From a health perspective, the wife's age—being over 40 years old—was considered to pose an increased risk of pregnancy-related complications. In addition, the use of intrauterine devices (IUDs) by his wife had previously caused side effects such as frequent bleeding.

In Islam, maintaining a family is a fundamental obligation rooted in *maqāṣid asy-syarī'ah*, which identifies five essential elements to be preserved: religion (*ḥifẓ ad-dīn*), life (*ḥifẓ an-nafs*), wealth (*ḥifẓ al-māl*), intellect (*ḥifẓ al-'aql*), and lineage (*ḥifẓ an-nasl*).[10] Imam Asy-Syāṭibī emphasized this in his discussion of *maṣlaḥah mursalah* in the book *al-Muwāfaqāt and al-I'tiṣām*[11] affirmed that Islamic law was revealed to promote benefit (*maṣlaḥah*) and repel harm, and that unaddressed contemporary issues may be resolved through *maṣlaḥah* reasoning as long as it accords with the spirit of *syarī'ah*.[12] Since vasectomy is a modern procedure absent from classical Islamic texts, the *maṣlaḥah–mafsadah* framework offers the most principled basis for assessing its permissibility. Within this framework, family planning aligns with *maqāṣid asy-syarī'ah* on three grounds: preventing economic hardship and safeguarding children's dignity,[13] fulfilling the family's role in nurturing children's emotional and social development,[14] and protecting women's rights across all stages of marriage.[15] Family

[10] Maghfur Ahmad and Siti Mumun Muniroh, "Nahdlatul Ulama's Maslahah Family Movement for Sustainable Development Goals in Indonesia: Maqasid Al-Sharia Perspectives," *Journal for Integrative Islamic Studies* 9, no. 1 (2023): 105–16, https://doi.org/10.28918/hikmatuna.v10i1.7262.

[11] Ibrhm ibn Msá Shib, *Al-Muwāfaqāt Fi Ushul Syariah* (Kairo: Misr Matba'at al maktabah al-tujariyah, 1920).

[12] Al-Ghazali, *Mustasfa Min Ilm Al-Usul* (Chicago: University of Chicago Press, 1987).

[13] Mohammad Mushfequr Rahman, "Islam: The Complete, Functional and Practical Guide to Life," *International Journal of Education, Culture and Society* 9, no. 3 (2024): 87–108, https://doi.org/10.11648/j.ijecs.20240903.11.

[14] Rahman.

[15] Musleh Harry et al., "Examining the Provision of Legal and Religious Education to Islamic Families to Safeguard the Rights and Well-Being of Women and Children: A Case Study Conducted in Malang Regency, East Java," *Samarah: Jurnal Hukum Keluarga dan Hukum Islam* 8, no. 3 (2024): 1526–46, https://doi.org/10.22373/sjhk.v8i3.19566; Paul Atagamen Aidonojie et al., "Legal and

planning is thus an integral part of establishing a harmonious family, balancing spiritual, social, economic, and biological considerations in accordance with *syarī'ah* guidance.

Prior studies have established that vasectomy is clinically superior to other sterilization methods, yet its global uptake remains the lowest among all modern contraceptive options. Sukma Rahayu et al. document that vasectomy accounts for a mere 0.5% of active contraceptive use in Indonesia, attributing this disparity to entrenched sociocultural resistance and gender constructions that position family planning as an exclusively female responsibility.[16] McGranahan et al. further identify a consistent failure to integrate religious normative frameworks into empirical reproductive health research, yielding policy recommendations that lack cultural traction in Muslim-majority societies.[17] Chalmers et al. reinforce this by demonstrating that gender-based attitudes toward reproductive choice disproportionately burden women, affirming the need for scholarship that repositions male contraceptive participation as a moral and religious obligation.[18] Collectively, these studies expose three critical lacunae: the absence of phenomenological inquiry into vasectomy decision-making in Muslim contexts, insufficient empirical grounding for al-Shāṭibī's *maṣlaḥah–mafsadah* theory in permanent male contraception, and the lack of a cross-disciplinary framework synthesizing biomedical evidence, Indonesian constitutional law, and Islamic jurisprudence, all of which the present study seeks to address.

Therefore, this study seeks to address three research questions: 1). What are the biological mechanisms of vasectomy, its effectiveness as a permanent contraceptive method, and its impact on male reproductive function and health? 2). How is vasectomy viewed under the legal framework of the Indonesian state? 3). How does Islam view

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Ethical Regulation on Childcare Digital Health System in Nigeria and Uganda: Issues and Challenges," *Trunojoyo Law Review (TLR)* 8, no. 1 (2026): 27–58, https://doi.org/10.21107/tlr.v8i1.32980.

[16] Rahayu et al., "Reassessing the Level and Implications of Male Involvement in Family Planning in Indonesia."

[17] Majel McGranahan et al., "Rights Based Approaches to Sexual and Reproductive Health in Low and Middle-Income Countries : A Systematic Review," *Plos One* 16, no. 4 (2021): 1–20, https://doi.org/10.1371/journal.pone.0250976.

[18] Jocelyn Chalmers, Leif Woodford, and Robbie M Sutton, "Punishing Women for Miscarriage : The Role of Political Orientation and Hostile Sexism," *Sex Roles* 90, no. 5 (2024): 613–27, https://doi.org/10.1007/s11199-024-01467-0.

the practice of vasectomy based on al-Shāṭibī's *maṣlaḥah–mafsadah* theory, particularly in relation to family planning and family well-being?

Methods

This research type is interpretive qualitative, with the research approach used, namely phenomenology. The phenomenological approach is chosen because it directly observes the lives of four married men residing in West Java, Jakarta, Bangka Belitung, and East Java, to provide an overview of the dynamics of their lives amidst the current modernization. Data were collected through in-depth semi-structured interviews with 4 (four) Muslim married men from various provinces, selected purposively based on the criterion that each had voluntarily undergone a vasectomy. As men who made a permanent contraceptive decision within a Muslim household context, they offer a firsthand experiential account of the social, religious, and health-related considerations that inform such a choice. Validation was conducted through the same interviews, in which the consistency and depth of each participant's narrative served as confirmation of the authenticity of their experiences.

All interviews were conducted in August 2025, recorded using a voice recorder after obtaining consent from the participants, and confidentiality was maintained by using initials throughout the study, as presented in Table 2.

Table 2. The informant identity

Initials	Age	Province	Education	Profession
INF 01	42	West Java	Bachelor's Degree	Self-employed
INF 02	45	Jakarta	Master's Degree	Civil servant
INF 03	51	Bangka Belitung	Bachelor's Degree	Self-employed
INF 04	56	East Java	Senior High School Certificate	Trader

Table 2 presents the demographic characteristics of the four participants, each identified by the initials "INF", reflecting the

geographic, educational, and occupational diversity represented in this study.

Result and Discussion

Biological Mechanisms, Effectiveness, and Health Impact of Vasectomy

Vasectomy is a form of male contraception performed surgically, in which a portion of the vas deferens is removed to inhibit the passage of sperm from the testes to the ejaculatory duct.[19] The blockage of the sperm pathway results in the absence of sperm within the ejaculatory fluid, thus eliminating the possibility of fertilization during sexual intercourse.[20] Vasectomy is recognized as a permanent form of birth control. Nevertheless, in specific circumstances, it may be reversed through microsurgical intervention, thereby restoring the function of the sperm ducts and the potential for male fertility.[21]

Vasectomy is scientifically proven to be a highly effective method of preventing pregnancy, exhibiting a much lower failure rate than female sterilization. However, its adoption at the global level remains comparatively limited.[22] When compared with female sterilization, vasectomy demonstrates a failure rate 30 times lower and a postoperative complication rate 20 times lower, thereby serving as a more efficient and safer method for couples desiring permanent contraception.[23] INF 2 stated:

> "Vasectomy is remarkably safe and highly efficient. I am sincerely thankful for the availability of this form of male contraception."

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[19] T. Peers and T. Feltbower, *Contraception : Casebook from Menarche to Menopause* (Cambridge: Cambridge University Press, 2013), 149.

[20] Thomas Kreutzig-Langenfeld et al., *Vasectomy: Current Information* (Berlin: Der Urologe, 2021).

[21] Eberhard Nieschlag et al., *Andrology: Male Reproductive Health and Dysfunction* (Cham: Springer Nature, 2023).

[22] Dominick Shattuck et al., "A Review of 10 Years of Vasectomy Programming and Research in Low-Resource Settings," *Global Health: Science and Practice* 4, no. 4 (2020): 647–60, https://doi.org/0.9745/GHSP-D-16-00235.

[23] Alison T Hoover, Dominick Shattuck, and Karen L Andes, "Vasectomy Provider Decision-Making Balancing Autonomy and Non-Maleficence : Qualitative Interviews with Providers," *Gates Open Research* 7, no. 132 (2024): 1–32, https://doi.org/10.12688/gatesopenres.15036.1.

Vasectomy is considered a safe procedure with a minimal risk of complications. Nevertheless, in rare instances, postoperative issues such as infection, hematoma, or pain may arise.[24] Employing the no-scalpel technique along with the use of a jet injector for anesthesia has been shown to minimize surgical complications and lessen postoperative pain in vasectomy procedures.[25] Findings from multiple studies indicate that vasectomy does not pose an increased risk of autoimmune disorders, cardiovascular disease, testicular cancer, or prostate cancer. Moreover, the prospective analysis from the EPIC (European Prospective Investigation into Cancer and Nutrition) study affirms that vasectomy is not linked to a higher incidence of prostate cancer or mortality due to it.[26]

Before undergoing a vasectomy, several medical aspects need to be carefully considered to ensure that the patient comprehends the procedure and is psychologically and physically prepared. Preoperative counseling constitutes a vital stage in this process. The patient must recognize vasectomy as a permanent method of male contraception, as this awareness helps to prevent future regret and guarantees a well-informed and deliberate decision.[27] INF 4 stated:

> "Before proceeding with the vasectomy, my wife and I discussed the post-vasectomy consequences we might face, particularly its permanent nature, which cannot be reversed. We reached an agreement and accepted the decision."

Psychological assessment during counseling is essential to determine the patient's readiness and to address emotional fears or apprehensions regarding the vasectomy. The session should encompass expectation management and a discussion of any potential

[24] Yang et al., "Review of Vasectomy Complications and Safety Concerns."

[25] M. Goldstein, *No-Scalpel Vasectomy. In Atlas of Male Infertility Microsurgery* (Cham: Springer International Publishing, 2023), 27–32.

[26] Karl Smith Byrne et al., "Vasectomy and Prostate Cancer Risk in the European Prospective Investigation Into Cancer and Nutrition (EPIC)," *Journal of Clinical Oncology* 35, no. 12 (2017): 1297–1303, https://doi.org/10.1200/JCO.2016.70.0062.

[27] Borrell et al., "Comparing Vasectomy Techniques, Recovery and Complications: Tips and Tricks."

effects on sexual function. When the patient is married or in a partnership, partner participation is strongly encouraged to achieve joint comprehension and supportive decision-making.[28]

Vasectomy enables men to assume an active role in shared responsibility for family planning, thereby contributing to a more balanced distribution of contraceptive burdens and enhancing the couple's quality of life by alleviating the strain formerly borne by women. However, the uptake of vasectomy remains limited, mainly due to misconceptions and cultural resistance. Hence, public awareness and educational initiatives are crucial to increase societal acceptance of vasectomy. Healthcare providers play a pivotal role in delivering accurate and comprehensive information about the procedure.[29] Based on the foregoing discussion, it can be concluded that from a biological standpoint, vasectomy constitutes a safe, effective, and efficient procedure for men who desire permanent contraception.

Vasectomy in the Perspective of State Law

Indonesia's demographic reality as the world's fourth most populous country provides the underlying context for why the government has implemented the Family Planning Program as a population policy instrument focused on family well-being and social justice.[30] One contraceptive method proven effective in the long term is vasectomy, also known as permanent contraception for men. However, the use of vasectomy in Indonesia remains very low due to the social controversy it generates.[31] INF 2 stated:

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[28] S. Rai and M. Sivakami, "How Health Systems Shape Low Vasectomy Utilization: A Gender Analysis of Vasectomy Provisioning in India's Family Planning Policies," in *Handbook on Sex, Gender and Health: Perspectives from South Asia* (Singapure: Springer Nature Singapore, 2024), 1–26.

[29] Michelle Teti et al., "Provider Views on Vasectomy: Cultural, Gender, and Political Elements of Men's Decisions to Seek Publicly Funded Services," *Frontiers in Reproductive Health* 6 (2024): 1–8, https://doi.org/10.3389/frph.2024.1386244.

[30] Muhammad Ni'mat Salsabila and Muhammad Athila Fahreza, "Kepadatan Penduduk: Masalah dan Solusi," *Pediaqu : Jurnal Pendidikan Sosial dan Humaniora* 4, no. 3 (2025): 5921–31, https://publisherqu.com/index.php/pediaqu/article/view/2722.

[31] Siti Nurhasanah and Mastaida Tambun, "Hubungan Pengetahuan dan Faktor Budaya terhadap Minat Suami dalam Mengikuti Vaksektomi," *Jurnal Ilmu Kesehatan dan Kebidanan Nusantara (JIKKN)* 2, no. 2 (2025): 88–95, https://doi.org/10.62710/7e996k29.

> "People said that I was violating existing social norms; for them, my duty is to earn a living, while a woman's duties—aside from getting pregnant, giving birth, breastfeeding, and raising children—also include family planning."

This testimony reveals that the reluctance surrounding vasectomy is not primarily a legal or medical problem but a deeply embedded sociocultural one, in which reproductive labor continues to be constructed as an exclusively feminine domain. This sociocultural resistance is further compounded by religious misinterpretation, as illustrated by INF 2:

> "Some people also believe that vasectomy is equivalent to opposing God's will, as it involves severing the reproductive channel that is naturally intended to produce offspring. Consequently, those of us who undergo a vasectomy are perceived as being disobedient to God."

It is noted that some communities perceive vasectomy as equivalent to opposing God's will, on the grounds that it involves severing the reproductive channel naturally intended for procreation — a perception that has led post-vasectomy men to be regarded as disobedient to God. Such a perception reflects not a settled religious ruling but a popular misconception that conflates voluntary family planning with absolute sterilization, thereby generating a normative vacuum in which religious ambiguity and legal recognition exist in tension. Such a construction stands in direct tension with the constitutional guarantees enshrined in Indonesia's foundational legal framework.

The 1945 Constitution of the Republic of Indonesia (UUD NKRI 1945) provides a robust legal basis for reproductive autonomy. Article 28A and Article 28B paragraph (1) affirm every individual's right to life and to form a family through lawful marriage, yet crucially, neither article imposes an obligation for unrestricted reproduction. Article 28H paragraph (1) further guarantees that access to healthcare services, including contraception, constitutes a constitutional right that the state is obligated to fulfill. These provisions collectively affirm that the choice to undergo vasectomy, when made voluntarily and informedly,

is not a transgression of constitutional norms but rather an exercise of constitutionally protected rights.

The constitutional argument is further reinforced by Pancasila as the philosophical foundation of the Indonesian state. The second principle, "Just and Civilized Humanity," underscores the importance of upholding human dignity and well-being in every reproductive choice. The fourth principle, "Democracy Guided by the Inner Wisdom of Deliberations among Representatives," advocates for mutual deliberation in decision-making, including within the family sphere, suggesting that the implementation of a vasectomy should be based on mutual consent between the husband and wife. The fifth principle, "Social Justice for All the People of Indonesia," emphasizes the need for equitable welfare through population control.[32] Thus, the implementation of vasectomy can be regarded as consistent with the fundamental values of the nation and the Constitution, as long as it is carried out voluntarily, responsibly, and with due consideration of religious and cultural values.[33]

In the context of Indonesia's positive law, several regulations explicitly encourage male participation in contraceptive programs. One such regulation is the National Population and Family Planning Board (BKKBN) Regulation No. 11 of 2021 concerning the Management of Male Family Planning Groups. This regulation defines male family planning groups as community associations consisting of male contraceptive users, either through vasectomy or condom use. The policy aims to promote increased male participation in reproductive matters and is implemented hierarchically, from the national level down to the village level. Article 13, paragraph (2) of BKKBN Regulation No. 11 of 2021 emphasizes the importance of implementing family planning programs in accordance with "local culture and wisdom. This indicates that, at the normative level, government policy aligns with the principle of individual freedom in making reproductive choices.

The regulation of vasectomy as a contraceptive method is also stipulated in the Regulation of the Minister of Health of the Republic of Indonesia No. 2 of 2025 concerning the Implementation of Reproductive Health Efforts. This regulation provides a comprehensive legal

[32] Jimly Asshidiqie, *Konstitusi & Konstitusionalisme Indonesia* (Jakarta: Sekretariat Jenderal dan Kepaniteraan Mahkamah Konstitusi RI, 2006).

[33] McGranahan et al., "Rights Based Approaches to Sexual and Reproductive Health in Low and Middle-Income Countries : A Systematic Review."

framework for the governance of contraceptive methods, including vasectomy as one of the long-term contraceptive options. Articles 37 through 43 of this regulation stipulate that every couple of reproductive age possesses a fundamental right to obtain information, access, and freely choose their preferred contraceptive method without any element of coercion. Crucially, the regulation also requires that contraceptive choices, including vasectomy, take into account rational factors such as age, number of births, health conditions, and compatibility with religious norms. Collectively, these regulatory instruments demonstrate that vasectomy is not merely tolerated within Indonesia's legal system but is actively accommodated as a legitimate expression of men's reproductive rights and responsibilities.

Vasectomy in the Perspective of Al-Syatibi's Theory of *Maṣlaḥah*–Mafsadah

According to Imam asy-Syāṭibī in *al-Muwāfaqāt and al-Iʿtiṣām*, the primary objective of Islamic law (*syarī'ah*) is to promote benefit (*jalb al-maṣāliḥ*) and prevent harm (*dar' al-mafāsid*). This principle is encapsulated in the well-known fiqh maxim, "*dar' al-mafāsid muqaddam 'alā jalb al-maṣāliḥ*"—meaning that preventing harm takes precedence over obtaining benefit. This concept is consistent with, and deeply rooted in, asy-Syāṭibī's thought concerning the relationship between *maṣlaḥah* (*benefit*) and mafsadah (*harm*) within the framework of *Maqāṣid asy-syarī'ah* (the higher objectives of Islamic law).[34] The five fundamental objectives of Islamic law (*al-kulliyyāt al-khamsah*) are the preservation of religion (*ḥifẓ ad-dīn*), life (*ḥifẓ an-nafs*), intellect (*ḥifẓ al-*ʿaql), lineage (*ḥifẓ an-nasl*), and property (*ḥifẓ al-māl*).[35] In the context of vasectomy, the decision made by a husband and wife should be analyzed by assessing whether the *maṣlaḥah* (benefit) derived from the procedure outweighs the *mafsadah* (potential harm) that may result from it.

According to asy-Syāṭibī, human welfare (*maṣlaḥah al-insān*) can only be realized when the five essential elements of human life are established and preserved—namely, religion (*dīn*), life (*nafs*), intellect

[34] Ibrāhīm ibn Mūsā Al-Shāṭibī, *The Reconciliation of the Fundamentals of Islamic Law: Al-Muwāfaqāt Fī Uṣūl Al-Sharī'ah*, ed. Imran Ahsan Khan Nyazee, 2nd ed. (Reading: Garnet Publishing, 2014), 20–24.

[35] Muhammad Kamal Zubair, "Exploring the Maqashid Al Shariah Dimension to Evaluate the Management of Baytul Maal," *Russian Law Journal* 11, no. 3 (2023): 897–906, https://doi.org/10.52783/rlj.v11i3.1334.

(*'aql*), lineage (*nasl*), and property (*māl*). Asy-Syāṭibī views reason (*'aql* or reasoning) as a crucial instrument in determining the existence of *maṣlaḥah*. Indeed, the proper and optimal use of reason itself constitutes a form of *maṣlaḥah*. However, rationality must continuously operate within the framework of the *syarī'ah* and must not transgress the boundaries set by divine revelation (*waḥy*).[36]

Within this framework, asy-Syāṭibī classifies the *maqāṣid* (objectives of Islamic law) into three hierarchical levels: *ḍarūriyyāt* (essentials), *ḥājiyyāt* (necessities), and *taḥsīniyyāt* (embellishments or complementary values).[37] In the theory of *maṣlaḥah–mafsadah*, asy-Syāṭibī emphasizes that the *syarī'ah* was revealed to achieve benefit (*jalb al-maṣāliḥ*) and prevent harm (*dar' al-mafāsid*). Therefore, every legal determination must consider the tangible benefits it brings to humanity, as long as it does not contradict the fundamental principles of Islamic law. This approach allows for a degree of flexibility within Islamic jurisprudence, enabling it to remain relevant amidst the changing dynamics of time while preserving its normative foundations. In the discourse on vasectomy in Indonesia, the following explanations can be further explored through asy-Syāṭibī's *maṣlaḥah–mafsadah* framework. The decision to undergo a vasectomy, as reported by the four informants in the research findings, is based on three primary maṣlaḥah (benefits) that align with the *maqāṣid asy-syarī'ah* (the higher objectives of Islamic law).

First, *Maṣlaḥah of Ḥifẓ al-Māl (Preservation of Wealth and Economic Well-being)*: From the perspective of *maqāṣid asy-syarī'ah*, family planning (KB) aligns with the objectives of Islamic law, one of which is *ḥifẓ al-māl* (the preservation of wealth). Family planning is consonant with the objective of *ḥifẓ al-māl* (preservation of wealth), as asy-Syāṭibī in al-Muwāfaqāt asserts that the rational and responsible stewardship of resources constitutes one of the *ḍarūriyyāt* whose neglect precipitates disorder across both familial and societal structures. This position is empirically corroborated by Irum et al. in Frontiers in Public Health, whose cost-benefit analysis demonstrated that every one dollar

[36] Al-Shāṭibī, *The Reconciliation of the Fundamentals of Islamic Law: Al-Muwāfaqāt Fī Uṣūl Al-Sharī'ah*.

[37] Nirwan Nazaruddin and Farhan Kamilullah, "Maqashid As-Syariah terhadap Hukum Islam Menurut Imam As-Syatibi dalam Al-Muwafaqat," *Jurnal Asy-Syukriyyah* 21, no. 1 (2020): 106–23, https://doi.org/10.36769/asy.v21i1.101.

invested in family planning programs yields a return of approximately 23 dollars in combined savings across education, maternal healthcare, and sanitation costs.[38] INF 1 stated:

> "I have two children, and our family's living expenses are already sufficient."

Research indicates that family wealth contributes to children's ability to live in a safe environment and to receive better education and emotional support. Conversely, children from economically disadvantaged families tend to experience lower quality of life, education, and health outcomes.[39] Other studies reveal that financial problems emerge as a significant factor influencing household disharmony, receiving the highest average score among various causes. It is noted that unemployment and economic hardship not only create financial strain but also lower self-esteem, generate feelings of alienation, foster mistrust, and limit a family's ability to achieve a prosperous life. Furthermore, economic pressure contributes to increased domestic conflicts, divorce, and even domestic violence, thereby weakening family bonds and reducing the overall quality of relationships among family members.[40]

Moreover, Islam strongly condemns the neglect, abuse, and violation of children's rights, whether in physical or emotional forms. Conversely, parents are commanded to cultivate a warm and nurturing relationship with their children through *raḥmah* (compassion), *iḥsan* (kindness), *rifq* (gentleness), and complete emotional support, ensuring that the child's growth and development

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[38] Aisha Irum et al., "Unintended Pregnancies : A Comprehensive Cost – Benefit Analysis of Family Planning Investment in Pakistan," *Frontiers in Public Health*, 2025, 1–11, https://doi.org/10.3389/fpubh.2025.1563721.

[39] Lingxin Hao, "Family Structure, Private Transfers, and the Economic Well-Being of Families with Children," *Social Forces* 75, no. 1 (1996): 269–92, https://doi.org/10.1093/sf/75.1.269; Hesti Septianita, Pujiyono, and Irma Cahyaningtyas, "Online Child Sexual Exploitation and Abuse as Organized Crime : Towards a New International Legal Framework," *Litigasi* 27, no. 1 (2026): 1–25, https://doi.org/10.23969/litigasi.v27i1.43221.

[40] Patricia E. Mbah and Ozioma C. Azubuike, "Family Binding Factors: The Role of Home Economics in Building Harmonious Communities across Borders," *Alexandria Science Exchange Journal* 43, no. 3 (2022): 39–46, https://doi.org/10.21608/asejaiqjsae.2022.237423.

proceed in a balanced and harmonious manner.[41] Furthermore, the Prophet Muhammad's (peace be upon him) hadith affirms that a husband is the leader of his family and bears the responsibility to protect, provide for, and ensure the well-being of his wife and children. He will be held accountable for both the physical and emotional condition of his household.

Based on the foregoing explanation, the decision to undergo a vasectomy, with the consideration of maintaining family financial stability and well-being, represents a rational and academically justifiable choice. Thus, vasectomy can be understood as a form of *ikhtiar* (deliberate effort) that aligns with the principle of *ḥifẓ al-māl* (preservation of wealth) and the broader concept of *maṣlaḥah* (public welfare) within the Islamic perspective.

Second, *Maṣlaḥah of Ḥifẓ an-nasl (Preservation of Lineage and Progeny)*: In Muslim culture, children and lineage hold central significance as the primary purpose of marriage and the continuation of *nasab* (lineage); childlessness frequently engenders social pressure and is perceived by some as a misfortune.[42] The Prophet exemplified compassionate parenting through gentleness, embrace, and profound *raḥmah* (compassion), underscoring that love and empathy are foundational to child-rearing. Yet children deprived of adequate guidance and affection remain vulnerable to moral decay and loss of direction, a condition that constitutes a failure of parental *amānah* (responsibility). Islam unequivocally condemns any neglect or violation of children's rights, whether physical or emotional in nature.[43] INF 2 stated:

> "We barely have time for our children due to work from morning to evening, and exhaustion leaves little room for conversation except on weekends. Having another child would only lessen the attention our three children receive."

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[41] Benaouda Bensaid, "An Overview of Muslim Spiritual Eco-Education," *Journal of Dharma* 48, no. 4 (2023): 465–94, https://openaccess.izu.edu.tr.

[42] Ya'arit Bokek-Cohen, Ibtisam Marey-Sarwan, and Mahdi Tarabeih, "Violating Religious Prohibitions to Preserve Family Harmony and Lineage among Sunni Muslims," *Marriage and Family Review* 58, no. 3 (2022): 245–70, https://doi.org/10.1080/01494929.2021.1953667.

[43] Bensaid, "An Overview of Muslim Spiritual Eco-Education."

A study shows that children who lack communication with their parents tend to exhibit higher levels of psychological stress.[44] Parent–child communication plays a crucial role as a protective factor for children's mental health during their developmental stages.[45] Literature highlights that "love," though essential, is often missing from discussions of social care. The true purpose of caregiving should be to ensure every child grows within loving, stable, and secure relationships; failure to do so underlies many social problems. Current systems often replace organic family bonds with professional services, leaving young people without the affection needed for a stable life and driving them to seek it elsewhere. This weakness makes adolescents more vulnerable to external dangers such as criminal exploitation, violence, and abuse, especially when family or institutional support is lacking.[46] In other words, children who lack affection, attention, and communication with their parents tend to seek these emotional needs outside the home.

Third, *maṣlaḥah* of *ḥifẓ an-nafs (Preservation of Life and Health)*: Islam teaches that the head of the household is responsible for the safety, health, and well-being of the family.[47] Therefore, limiting or spacing births is considered permissible when done to protect the wife's health from medical risks, as Islam upholds the principle of *dar' al-mafāsid wa jalb al-maṣāliḥ*—preventing harm takes precedence over

[44] Fengqiang Gao et al., "Parent-child Communication and Educational Anxiety : A Longitudinal Analysis Based on the Common Fate Model," *BMC Psychology* 12, no. 594 (2024): 1–15, https://doi.org/10.1186/s40359-024-02093-x; Muhammad Dzikri et al., "Criminal Conviction of Child Traffic Offenders Reviewed from the Juvenile Criminal Justice System," *Trunojoyo Law Review (TLR)* 4, no. 1 (2022): 1–18, https://doi.org/10.21107/tlr.v4i1.16235.

[45] Paloma Miralles, Carmen Godoy, and María D. Hidalgo, "Long-Term Emotional Consequences of Parental Alienation Exposure in Children of Divorced Parents: A Systematic Review," *Current Psychology* 42, no. 14 (2023): 12055–69, https://doi.org/10.1007/s12144-021-02537-2; Nurini Aprilianda, "Analysis on Flagellation Imposed as a Sanction from the Perspective of Child Protection," *Petita: Jurnal Kajian Ilmu Hukum dan Syariah* 9, no. 1 (2024): 324–39, https://doi.org/10.22373/petita.v9i1.276.

[46] Josh Macalister, "The Independent Review of Children's Social Care," *UK Government*, 2022, 29–40, https://www.gov.uk/government/groups/independent-review-of-childrens-social-care.

[47] M Insan Fathoni and Siti Wanti, "Rights and Obligations of Husbands to Wife According to Law No. 1 of 1974 Article 34 and Islamic Law," *Al-Mashaadir : Jurnal Ilmu Syariah* 5, no. 2 (2025): 99–107, https://doi.org/10.52029/jis.v5i2.261.

obtaining benefit.[48] Although having many children can bring joy, pregnancy and childbirth in mothers aged 45 years and above are assumed to pose numerous negative impacts on both the mother and the child.[49]

A 2023 study found that pregnancy at age 45 or older poses significant risks to both maternal health and birth outcomes. Common complications include preeclampsia, gestational diabetes, placenta previa, placental abruption, postpartum hemorrhage, and preterm birth. Age-related factors such as reduced uterine function, vascular changes, and chronic conditions like hypertension or diabetes further increase risks, leading to fetal growth restriction and other perinatal complications.[50] A 2025 study found that pregnancies at age ≥40 have higher risks than those under 40. Older mothers show higher rates of Cesarean delivery, preeclampsia, gestational diabetes, preterm premature rupture of membranes, postpartum hemorrhage, and stillbirth. Babies are also more likely to be premature, have chromosomal abnormalities, need NICU care, or be stillborn.[51] Giving birth at an older age can be physically demanding. A mother's health affects the baby's well-being, as fatigue or stress may hinder breastfeeding and bonding. Support from family and professionals helps improve both maternal health and child development.[52]

The wives' side effects from contraceptive use also influenced the informants' choice; one opted for a vasectomy to protect his wife's health.

INF 3 stated:

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[48] Zainab Amin et al., "The Law of Prohibition and Theory of Prevention of Injury/Harm: In the Light of Islamic Shri'ah and Contemporary Laws Analytical Study," *Kurdish Studies* 12, no. 4 (2024): 1600–1611, https://doi.org/10.53555/ks.v12i4.3283.

[49] Shunya Sugai et al., "Pregnancy Outcomes at Maternal Age over 45 Years: A Systematic Review and Meta-Analysis," *American Journal of Obstetrics and Gynecology MFM* 5, no. 4 (2023): 100885, https://doi.org/10.1016/j.ajogmf.2023.100885.

[50] Sugai et al.

[51] Dominik Ratiu et al., "Impact of Advanced Maternal Age on Maternal and Neonatal Outcomes," *In Vivo* 37, no. 4 (2023): 1694–1702, https://doi.org/10.21873/invivo.13256.

[52] Dingcui Cai et al., "A Qualitative Study of Postpartum Practices and Social Support of Chinese Mothers Following Childbirth in Switzerland," *Midwifery* 138 (2024): 104137, https://doi.org/10.1016/j.midw.2024.104137.

> "My wife first used contraception, but it caused side effects like bleeding. So I decided to take responsibility and undergo family planning myself."

Another informant experienced a similar case. The side effects of contraception on his wife were among the reasons he chose a vasectomy.

INF 1 stated:

> "Didn't you try other contraceptives first? Yes, we did. My wife once used an IUD, but it didn't suit her—it slipped and caused bleeding. Since then, I began considering a vasectomy."

Studies conducted between 2010 and 2019 in the United States, Europe, Australia, and several Asian countries, including Indonesia, show that about 40% of women experienced heavy or prolonged bleeding after using the device. This condition was often accompanied by cramps or pain and became the main reason for discontinuation.[53] The informants' decision to undergo a vasectomy reflects strong ethical awareness, aligning medical considerations with Islamic principles. Islam does not reject science or medicine but directs their use toward "*maṣlaḥah*" (public good). The principle of "*dar' al-mafāsid wa jalb al-maṣāliḥ*" prioritizes preventing harm to the mother and child over the pride of having many offspring.

Regarding the post-vasectomy side effects experienced by men, clinical evidence consistently confirms that post-vasectomy side effects are generally mild, transient, and clinically inconsequential. A large-scale prospective audit by Peacock et al., involving 105,393 procedures, demonstrated that the incidence rate of Post-Vasectomy Pain Syndrome (PVPS) was as low as 0.2%, while the early procedural failure rate stood at only 0.93%.[54] This finding is further corroborated

[53] Dustin Costescu et al., "Discontinuation Rates of Intrauterine Contraception Due to Unfavourable Bleeding: A Systematic Review," *BMC Women's Health* 22, no. 1 (2022): 1–19, https://doi.org/10.1186/s12905-022-01657-6.

[54] Julian Peacock et al., "Complications of Vasectomy: Results from a Prospective Audit of 105 393 Procedures," *BJU International* 134, no. 5 (2024): 789–95, https://doi.org/https://doi.org/10.1111/bju.16463.

by Lawton et al., through a multicenter study conducted across four international vasectomy practices involving 133,044 procedures, which established that the risk of post-procedural infection is exceedingly low and can be mitigated further through the optimization of surgical technique and aseptic protocols.[55] Post-procedural discomfort, where it does occur, is typically mild to moderate, responsive to standard non-steroidal anti-inflammatory drugs (NSAIDs), and resolves within several days, with the majority of patients resuming normal daily activities within one week.[56] This shows that post-vasectomy discomfort is minor, usually mild, and manageable with pain relievers.

Although vasectomy entails the potential for *mafsadah* (harm), in this case, the risk is relatively minor compared to the *maṣlaḥah* (benefit). The explanation is presented in Table 3.

Table 3. *Mafsadah* (Potential Harm) of Vasectomy as a Male Family Planning Method

Aspect	Potencial Harm	Description
Physical/Medical	Post-Procedure Pain and Discomfort	It is only temporary; in the following days, normal activities can be resumed
	Infection or Minor Surgical Complications	Did not occur among the informants
	Risk of Failure (Reconnection of the Vas Deferens)	Did not occur among the informants
Psychological	Feelings of Regret After the Procedure	This did not occur among the informants, as the

[55] Samuel Lawton et al., "Risk of Post-Vasectomy Infections in 133 , 044 Vasectomies from Four International Vasectomy Practices," *International Brazilian Journal of Urology* 49, no. 4 (2023): 490–500, https://doi.org/10.1590/S1677-5538.IBJU.2023.0143.

[56] Michael Urbanski et al., "Post-Vasectomy Pain Syndrome : A Review of the Literature and Updated Treatment Algorithm," *Cureus* 17, no. 2 (2025): 1–6, https://doi.org/10.7759/cureus.79592.

Aspect	Potencial Harm	Description
		decision to undergo vasectomy was made with full awareness, careful consideration, and mutual agreement
	Social Stigma and Negative Perception	Still experienced by some informants
	Emotional Pressure	Did not occur among the informants
Reproduction	Permanent Nature (Difficult to Reverse)	This had been understood by the informants and their spouses before deciding to undergo vasectomy
Religious/Social	Misunderstanding Regarding Religious Law	Some members of the community perceive vasectomy as equivalent to absolute sterilization, thereby giving rise to religious doubts
	Cultural Resistance	Men are considered not supposed to

Aspect	Potencial Harm	Description
		participate in family planning, resulting in social pressure

Table 3 reveals that the *mafsadah* associated with vasectomy is predominantly social and cultural rather than medical or psychological in nature. Physical risks were either transient or absent, while psychological harms, including regret and emotional pressur, did not materialize, as all decisions were grounded in deliberate deliberation and mutual spousal consent. The most persistent *mafsadah* resides in the religious and social domain, manifesting in community misconceptions regarding sterilization and cultural norms that marginalize male participation in family planning. These findings affirm that with adequate pre-procedural counseling and spousal solidarity, potential harms are effectively mitigated, rendering the overall *mafsadah* disproportionately minor relative to the *maṣlaḥah* attained.

A reinterpretation of al-Shāṭibī's *maṣlaḥah–mafsadah* theory offers a substantive basis for deconstructing pronatalist and patriarchal constructions of gender and reproduction.[57] Classical readings of *ḥifẓ an-nasl* have historically reduced women to reproductive instruments, yet a more rigorous application of the principle reveals that the preservation of progeny demands quality of care and moral upbringing rather than biological quantity alone.[58] Similarly, *ḥifẓ al-māl* reframes vasectomy as an act of rational stewardship and responsible masculinity, while *ḥifẓ an-nafs*—the foremost of the five *maqāṣid*—exposes the inherent *mafsadah* in paradigms that sanctify women's reproductive suffering as piety. Accordingly, a husband's decision to undergo a vasectomy constitutes neither personal diminution nor religious transgression, but rather a

[57] Ivett Szalma and Lóránt Pélyi, "Selective Pronatalism and Reproductive Autonomy : Attitudes Toward Medically Assisted Reproduction in Hungary," *Social Inclusion* 13 (2025): 1–23, https://doi.org/10.17645/si.10390 ART.

[58] Khairuddin, "Marriage in Islam and Its Relevance to Contemporary Family Law Regulations," *Insight: Indonesian Journal of Social, Humanity, and Education* 1, no. 2 (2025): 72–82, https://doi.org/10.70742/insight.v1i2.363.

jurisprudentially defensible expression of male responsibility that redefines Islamic household leadership from patriarchal authority toward the empathetic protection of familial well-being.

Conclusion

This study contributes to a more comprehensive understanding of vasectomy as a male contraceptive choice within the context of Indonesian Muslim society, demonstrating that such a decision is not grounded solely in medical considerations but reflects a broader expression of moral, social, and spiritual responsibility rooted in Islamic values. The most significant implication of these findings is that resistance toward vasectomy in Indonesia is more a product of sociocultural construction than a substantive religious prohibition, suggesting that a *maṣlaḥah*-based framework holds considerable normative potential for reshaping public perception and fostering more equitable male participation in family planning programs. The findings further imply the need for a reorientation of national reproductive health policy, one that moves beyond positioning women as the sole bearers of contraceptive responsibility and instead promotes shared accountability grounded in principles of gender equity that are consonant with Indonesia's constitutional framework. Notwithstanding these contributions, the study is subject to several limitations, notably its geographically and numerically restricted sample, as well as its failure to incorporate the perspectives of religious scholars and healthcare providers, both of whom constitute key actors in the formation of reproductive norms. Future research is encouraged to expand geographical and demographic coverage, adopt mixed-methods designs that integrate qualitative depth with quantitative breadth, and examine specifically the role of religious authorities and health institutions in shaping societal acceptance of vasectomy.

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