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An analysis of the West Java governor's policy on vasectomy as a requirement for receiving social assistance from the perspective of mashlahah mursalah

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Abstract: The main issue discussed in this journal article concerns the proposal of the Governor of West Java to link Family Planning (KB) programs with social assistance by requiring vasectomy for families with many children. This policy is based on the assumption that having a large number of children exacerbates poverty, making birth control an important instrument for regional economic development. This study explains the development of the concept and regulations of social assistance in Indonesia, evaluates the rationality of the West Java Provincial Government's vasectomy requirement policy, and examines its compatibility with the principle of *maslahah mursalah* in poverty alleviation. The research employs a library research method, relying on secondary data obtained from various academic sources, including books, scholarly articles, and other relevant documents. The findings indicate that social assistance programs in Indonesia have evolved since the New Order era and became more prominent during the administration of President Susilo Bambang Yudhoyono, with eligibility generally limited to poor or vulnerable Indonesian citizens registered in the Integrated Social Welfare Data System (DTKS). The high poverty rate and low participation in vasectomy programs in West Java have encouraged Dedi Mulyadi to propose vasectomy as a requirement for receiving social assistance. From the perspective of *maslahah mursalah*, this policy can be viewed as an effort to promote public welfare through improving family well-being, enhancing public health, and reducing poverty, while still upholding the principles of justice and the rights of citizens. Ultimately, the welfare of society should remain the primary objective in the formulation and implementation of every social policy.
Keywords: Vasectomy, social assistance, Mashlahah Mursalah

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Introduction

Family Planning (FP) aims to balance population growth with available resources and improve family well-being. Although successful at the national level, male participation in vasectomies remains low (Perdana et al., 2024). Family planning now not only limits births, but also guarantees reproductive rights and the well-being of mothers and children. Vasectomy is a medical option for preventing the risk of high-risk pregnancies (Aulia et al., 2024). The success of family planning depends on male involvement, with condoms and vasectomy being the primary methods(Manurung et al., 2020). Vasectomy is a minor surgical procedure to sever the vas deferens that is effective, safe, and does not interfere with marital relations (Fahimah, 2017).

West Java Governor Dedi Mulyadi is known for his spontaneous and controversial statements, one of which was a proposal to link family planning to social assistance (Fahrudin et al., 2025). He had previously proposed vasectomy as a requirement for social assistance for large families, but later clarified that it was merely a recommendation and not mandatory (Mardianti, 2025). Meanwhile, classical Shafi'i fiqh literature prohibits medical procedures that permanently prevent pregnancy. Sheikh Izzuddin bin Abdissalam stated:

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لا يجوز للمرأة ذلك وظاهره التحريم

Meaning: *"Women must not use medication to prevent pregnancy it is clearly forbidde"*(Ar-Ramli, 1984).

Imam Al-Imad bin Yunus also issued a fatwa stating that it is not permissible for free married couples who mutually agree to use family planning through medical procedures or postmenstrual contraceptive medication he stated that:

فسئل عما إذا تراقي الزوجان الحران على ترك الحبل هل يجوز التداوى لمنعه بعد طهر الحيض . أجاب لا يجوز اه

Meaning: *"He was once asked about a married couple who had agreed to use birth control: Is it permissible, from a medical standpoint, to use medical procedures or medications to prevent the wife from becoming pregnant after her period? He replied: 'No, it is not permissible"*(Ar-Ramli, 1984).

According to Sheikh Ibrahim Al-Bajuri, birth control is makruh if it is temporary, whereas permanent termination of pregnancy is haram (Al-Bajuri, 1999). Thus, the ruling on contraceptives is considered makruh if they are used for temporary contraception, and haram if they are used for permanent contraception.

The West Java governor's policy requiring vasectomies for social assistance recipients is based on the assumption that having many children exacerbates poverty. Therefore, birth control is viewed as strategic for regional economic development (Juliansyah, 2025). Nevertheless, this policy has sparked controversy among the public. Some believe the measure disregards the religious aspect of marriage and reproductive rights. Vasectomies also have the potential to disrupt marital harmony due to the psychological pressure placed on husbands and wives (Kahfilani et al., 2024). The conditional social assistance policy has sparked controversy because it is seen as coercing the poor, and is therefore potentially discriminatory and violates the integrity of the body. This contradicts Islam, which emphasizes the importance of lineage, as stated in Surah an-Nisa, verse 1:

يٰٓاَيُّهَا النَّاسُ اتَّقُوْا رَبَّكُمُ الَّذِيْ خَلَقَكُمْ مِّنْ نَّفْسٍ وَّاحِدَةٍ وَّخَلَقَ مِنْهَا زَوْجَهَا وَبَثَّ مِنْهُمَا رِجَالًا كَثِيْرًا وَّنِسَاۤءً ۚ وَاتَّقُوا اللّٰهَ الَّذِيْ تَسَاۤءَلُوْنَ بِهٖ وَالْاَرْحَامَ ۗ اِنَّ اللّٰهَ كَانَ عَلَيْكُمْ رَقِيْبًا

Meaning: *"O mankind, fear your Lord, who created you from a single soul (Adam) and created his mate (Eve) from him. From the two of them, Allah has spread forth many men and women. Fear Allah, in whose name you call upon one another, and (maintain) the bonds of kinship. Indeed, Allah is ever watching over you."*

QS. an-Nisa: 1 states that humankind originated from a single soul, which paired up and then multiplied into numerous descendants. This verse conveys the normative message that marriage is a means of ensuring the continuity of future generations. Continuing one's lineage is a natural instinct that must not be neglected except in cases of emergency (Novitasari, 2025). This is supported by a hadith encouraging people to have many children:

حَدَّثَنَا مُسَدَّدٌ، حَدَّثَنَا بِشْرُ بْنُ الْمُفَضَّلِ، عَنْ عَبْدِ الرَّحْمَنِ بْنِ إِسْحَاقَ، عَنْ سَعِيدِ بْنِ أَبِي صَعْدٍ، عَنْ مَعْقِلِ بْنِ يَسَارٍ، قَالَ: جَاءَ رَجُلٌ إِلَى النَّبِيِّ ﷺ فَقَالَ: إِنِّي أَصَبْتُ امْرَأَةً ذَاتَ حَسَبٍ وَجَمَالٍ، وَإِنَّهَا لا تَلِدُ، أَفَأَتَزَوَّجُهَا؟ قَالَ: لَا، ثُمَّ أَتَاهُ الثَّانِيَةَ فَنَهَاهُ، ثُمَّ أَتَاهُ الثَّالِثَةَ، فَقَالَ: تَزَوَّجُوا الْوَدُودَ الْوَلُودَ، فَإِنِّي مُكَاثِرٌ بِكُمُ الْأُمَمَ.

Meaning: "Musaddad narrated to us, Bisyr bin al-Mufadhdhal narrated to us, from Abdurrahman bin Ishaq, from Sa'id bin Abi Sa'd, from Ma'qil bin Yasar. Ma'qil bin Yasar said: A man came to the Prophet (peace be upon him) and said, "O Messenger of Allah, I have found a woman of high status and great beauty, but she cannot bear children. May I marry her?" The Prophet (peace be upon him) replied, "No." Then the man came a second time, and the Prophet still forbade him. Then he came a third time, and the Messenger of Allah (peace be upon him) said, "Marry a woman who is kind and fertile, for indeed I will take pride in your great numbers before other nations on the Day of Judgment" (Narrated by Abu Daud) (Sunan Abi Daud) Hadits tersebut menegaskan keturunan dianjurkan dalam Islam. Anak adalah sunnah Nabi, sumber kebahagiaan dunia-akhirat, dan hasrat berketurunan merupakan fitrah manusia (Tazkia Asri Syam). Kebijakan vasektomi menunjukkan kompleksitas isu yaitu hukum Islam memandang keturunan sebagai orientasi spiritual dan sosial, sementara kebijakan publik menekankan aspek pragmatis-ekonomi.

Islamic law embodies goodness. In usul al-fiqh, maslahah mursalah serves as a legal consideration when there is no explicit textual evidence, guided by the principles of promoting public welfare and preventing harm as instruments of contemporary ijtihad. The policy of requiring a vasectomy as a condition for social assistance can be analyzed through the lens of maslahah mursalah because it is not explicitly regulated. This perspective views it as an effort to promote the public good and prevent socioeconomic harm however, its implementation requires careful review to ensure it is not discriminatory (Hidayat & Saepullah, 2024). Vasectomy relates to hifz al-nasl, one of the maqashid of Sharia. However, this policy serves the public interest and therefore must be evaluated in light of maslahah mursalah. The conflict between the public interest and Sharia principles makes it important to analyze this issue.

There is relevant prior research. First, Mizlan's study titled "Islamic Legal Considerations on Vasectomy A Contemporary Fiqh Analysis" examines the evolution of fiqh arguments regarding vasectomy through MUI fatwas and classical texts. The results show that although hifz al-nasl opposes vasectomy, there is conditional permissibility due to necessity and the public interest such as medical or economic reasons thereby demonstrating that Islamic law is adaptable to modern reproductive health issues (Mizlan, 2025). Second, Zed Ahmad Kahfilani's study, titled "The Use of Vasectomy as a Form of Contraception Health, Religion, and Family Harmony," reveals the dilemma between religious morality and medical necessity resulting from dynamic fatwas and a lack of education. This study confirms that the MUI fatwa prohibits vasectomy except in emergencies and when it does not conflict with Sharia law, and that it can improve a wife's reproductive health and family harmony (Aulia et al., 2024)

Third, Robi et al., in their paper titled "Reproductive Health Policy and Social Assistance A Review of Vasectomy from the Perspective of Islamic Family Law," examine the validity of permanent vasectomy under Islamic family law and assess the alignment of state policies with the principle of protecting future generations as outlined in Islamic Sharia. The results of the study indicate that permanent sterilization without an urgent medical need is considered inconsistent with Islamic legal principles regarding reproductive rights. Furthermore, the provision of social incentives tends to encourage vasectomies more due to economic factors than health considerations (Elmi As Pelu & Helim, 2025).

Fourth, Abdul Hadi's study, titled "The Discourse on Vasectomy within the Islamic Paradigm Legal Aspects, Medical Risks, and Its Implications for Marital Harmony," examines vasectomy from the perspectives of Islamic law, health, and family harmony, focusing on the shift in fatwas from "haram" to "permissible" under certain conditions. The results show that the change in the fatwa was influenced by social needs and advances in medical science, and confirm that vasectomy does not

necessarily have a negative impact on health or marital harmony when properly understood (Hadi, 2025).

Previous studies share a common focus, they all discuss vasectomy from the perspective of Islamic law, highlighting the dynamics of fatwas and Sharia provisions regarding its use. All of these studies indicate that the ruling on vasectomy is not absolute but may be permitted under certain conditions, particularly those related to medical necessity, the public interest, or emergency situations. The differences among the four studies lie in their respective research focuses. Mizlan examines vasectomy through the lens of contemporary fiqh Zed Ahmad Kahfilani highlights aspects of health, religion, and family harmony, Robi et al. examine its relationship with social assistance policies and Islamic family law while Abdul Hadi discusses legal aspects, medical risks, and the impact of changes in fatwas on family life.

A research gap in this study lies in the scarcity of research that specifically analyzes the vasectomy policy as a requirement for receiving social assistance from the perspective of maslahah mursalah. Previous studies have generally focused on aspects of Islamic law, reproductive health, or changes in fatwas regarding vasectomy, whereas studies on the relevance of such policies to the public interest, the protection of individual rights, and potential socioeconomic impacts remain limited. Therefore, this study aims to fill this gap by examining government policy through the maslahah mursalah approach as a basis for assessing social benefit and justice.

The novelty of this study lies in its analysis of the vasectomy policy as a requirement for receiving social assistance using the maslahah mursalah perspective. Unlike previous studies that focused on legal, health, and fatwa aspects, this study examines the relationship between social policy, the public interest, and the protection of individual rights under Islamic law. The objectives of this study are to examine the regulations governing the distribution of social assistance in Indonesia, to analyze the West Java Governor's policy regarding vasectomy as a requirement for receiving social assistance, and to evaluate this policy from the perspective of maslahah mursalah to assess its alignment with the principle of public interest in Islamic law.

Method

This study employs library research an approach that relies on various written sources as primary data, such as books, scientific journals, laws and regulations, articles, and other documents relevant to the research topic. The process of searching for, evaluating, and synthesizing information was conducted in a critical and systematic manner to address the research questions and establish a strong theoretical foundation (Jaya et al., 2023). Analysis is a thought process used to examine an object in depth by breaking it down into its constituent parts, thereby enabling an understanding of the relationships, meanings, and impacts it generates. In Islamic studies, analysis is used not only to understand religious texts but also to assess their relevance to societal developments and needs (Mi'raj et al., 2024). The subject of this study is the vasectomy policy as a requirement for receiving social assistance in West Java, analyzed from the perspective of mashlahah mursalah.

This study employs a normative approach to Islamic law as its methodological foundation for gathering legal materials, conducting analysis, and drawing conclusions. This approach examines legal texts and sources while taking their social relevance into account (Sidik, 2023). In addition, an analytical approach was used to explore the conceptual meaning of terms in legislation, both in theory and in practice (Muhaimin, 2020). The conceptual approach is also used to analyze expert opinions and evolving legal doctrines (Muhaimin, 2020). Through a conceptual approach, researchers formulate definitions, concepts, and legal principles relevant to the research issue. This approach serves as the foundation for constructing a legal argument that is logical, systematic, and academically sound

(Muammar & Taufik, 2024). These three approaches were used to analyze the West Java Governor's policy on vasectomy as a requirement for social assistance from the perspective of maslahah mursalah.

The data sources consist of primary and secondary legal materials, with a focus on secondary data that is already available without the need for direct collection (Sulaiman Saat and Siti Mania, 2020). Primary legal sources are authoritative sources of law, while secondary legal sources serve to explain and analyze primary legal sources (Muhaimin, 2020).

Primary legal sources include the Qur'an and Hadith, Minister of Social Affairs Regulations No. 1 of 2019 and No. 5 of 2021, Article 1, fatwas issued by the Indonesian Ulema Council (MUI), and other laws and regulations enacted by authorized institutions. Secondary legal sources consist of books, journals, and scholarly articles that analyze primary legal sources. Tertiary legal sources include dictionaries and encyclopedias (Muhaimin, 2020). Secondary data was obtained through a literature review, including primary legal sources such as journal articles, academic books, and various religious texts such as *Zad al-'Ma'ad Hadyu Khair al-'Ibad, al-Mughni, Al-Bahr Ar-Ra'iq, Fatawa Al-Lajnah Ad-Da'imah Lil Buhuts Al-'Alamiyah wa Al-Ifta', al-Fiqh al-Islami wa adillatuh, Zahrah Al-Tafasir, majallah al-fiqh al-islamy, Abhats Hai'ah Kibar Al-'Ulama, Mausu'ah al-Fiqhiyyah, Yas'aluunaka, fatawa islamiyah*, previous research findings, archives, official documents, and policy statements by the Governor of West Java.

The validity of the data in this study was ensured through the use of various relevant and reliable sources, such as laws and regulations, fatwas, books, journals, fiqh texts, and official documents related to the study. The data were then reviewed and compared to ensure consistency and to support accurate analytical results.

Results and Discussion

Vasectomy as a Method of Contraception

A vasectomy is a form of permanent male sterilization performed through a minor surgical procedure that involves cutting, tying, or blocking the vas deferens to prevent sperm from being released during ejaculation (Aulia et al., 2024). This procedure is classified as a minor surgery performed under local anesthesia in the testicles and scrotum. The vas deferens is severed and sealed so that sperm does not mix with semen (Sari et al., 2024). Postoperative care does not require hospitalization and does not interfere with sexual activity. Libido, erections, and ejaculation remain normal however, the fluid that is released does not contain sperm (Harahap, 2017). A vasectomy is recommended for men who no longer wish to have more children and is generally not recommended for men under the age of 30 or those who do not yet have children (Sari et al., 2024).

Vasectomy is 99% effective in preventing pregnancy and is permanent (Sari et al., 2024). The procedure takes 5–10 minutes it is safe, simple, low-cost, and culturally appropriate in communities where it is taboo for women to be treated by male medical personnel (Fahimah, 2017). Compared to other methods, a vasectomy does not affect sexual satisfaction, is healthier, and does not diminish masculinity (Aulia et al., 2024). However, sterilization does not occur immediately. The contraceptive effect does not take effect until after approximately 20 ejaculations or three months following the procedure therefore, it is still recommended to use condoms during this waiting period (Rahardjo et al., 1994).

Although it is safe and low-risk, interest in vasectomy in Indonesia remains low due to a lack of knowledge and deeply entrenched patriarchal views that place the burden of family planning on women (Aulia et al., 2024). A vasectomy does not have a negative impact on sexual function. Postoperative sexual dysfunction is generally caused by other factors such as smoking, alcohol, drugs, or stress (Aulia et al., 2024). Possible minor complications include bleeding, infection, hematoma, pain, or a sperm granuloma caused by a leak of sperm from the severed vas deferens (Aulia et al.,

2024). In some cases, sexual performance actually improves because of the absence of concerns about the partner becoming pregnant (Fahima & Jafar, 2017).

This study shares similarities with Zed Ahmad Kahfilani's study, which examines vasectomy from health and family perspectives. Both studies indicate that vasectomy is relatively safe and has no direct impact on sexual function. However, this study places greater emphasis on the low participation of men in family planning programs a phenomenon influenced by a lack of public understanding and patriarchal culture while the previous study focused more on the relationship between health, religion, and marital harmony. These findings enrich the literature on vasectomy by demonstrating that social and cultural factors also influence public acceptance of male contraceptive methods.

Scholars' Views on Vasectomy

A vasectomy is not merely a means of spacing births, but has the potential to be a permanent form of birth control (tahdid al-nasl), thus sparking more serious debate than other forms of contraception (Nastangin, 2022). Vasektomi bukan sekadar mengatur jarak kelahiran, tetapi berpotensi menjadi pembatasan keturunan permanen tahdid al-nasl, sehingga menimbulkan perdebatan lebih serius dibanding kontrasepsi lain (Aulia et al., 2024). Although recanalization is medically possible, its success is not guaranteed.

The ruling on vasectomy relates to the principle of hifz al-nasl and the rule of la darar wa la dirar, so scholars differ in their opinions (Rahardjo et al., 1994). The following table summarizes the views of Islamic scholars on sterilization:

Table 1. Islamic scholars' views on sterilization

Religious Scholars	Law	Verses
Dr. Muhammad as-Sayyid al-Madkhur (Dr. Madkhur)	Absolutely forbidden	تَزَوَّجُوا الْوَدُودَ الْوَلُودَ، فَإِنِّي مُكَاثِرٌ بِكُمُ الْأُمَمَ "Marry a woman who is loving and fertile, for I will take pride in your great numbers before other nations." (Narrated by Abu Dawud)
Syekh Syamsuddin	It is forbidden to cause permanent infertility, but it is permissible to use temporary birth control methods	وَلَا تَقْتُلُوْٓا اَوْلَادَكُمْ خَشْيَةَ اِمْلَاقٍۗ نَحْنُ نَرْزُقُهُمْ وَاِيَّاكُمْۗ اِنَّ قَتْلَهُمْ كَانَ خِطْـًٔا كَبِيْرًا "And do not kill your children out of fear of poverty. It is We who provide for them and for you." (QS. al-Isra' : 31)
Syekh Jad al-Haq Ali Jad al-Haq	It is forbidden if permanent, but permissible if temporary and poses a safety hazard	لِلّٰهِ مُلْكُ السَّمٰوٰتِ وَالْاَرْضِۗ يَخْلُقُ مَا يَشَاۤءُۗ يَهَبُ لِمَنْ يَّشَاۤءُ اِنَاثًا وَّيَهَبُ لِمَنْ يَّشَاۤءُ الذُّكُوْرَۙ ﴿٤٩﴾ اَوْ يُزَوِّجُهُمْ ذُكْرَانًا وَّاِنَاثًاۚ وَيَجْعَلُ مَنْ يَّشَاۤءُ عَقِيْمًاۗ اِنَّهٗ عَلِيْمٌ قَدِيْرٌ ﴿٥٠﴾ "To God belongs the kingdom of the heavens and the earth. He creates whatever He wills, grants daughters to whomever He wills, grants sons to whomever He wills, or He bestows both sons and daughters, and makes barren whomever He wills. Indeed, He is All-Knowing and All-Powerful."

There are three schools of thought: First, absolute prohibition, as in the opinion of Dr. Madkhur, who rejects all methods that inhibit human reproduction. Second, absolute permissibility, as in the view of Sheikh M. Syamsuddin. Third, permissibility provided that it does not cause permanent infertility or that there is a medical emergency. Sheikh Jad al-Haq, the Mufti of Egypt, permits it if there is concern that a disease may be passed from mother to child. Sheikh Syaltut permits it on the grounds of averting serious haram (Muhyiddin, 2014). The maqashid al-sharia approach emphasizes

that legal rulings must take into account the objectives of sharia and the medical context. A vasectomy is permitted if it is done to avert a greater danger, such as the risk of maternal death during pregnancy (Mizlan, 2025).

In classical Islamic jurisprudence, contraception is known as ‘azl or coitus interruptus, which involves ejaculating outside the vagina to prevent the wife from becoming pregnant. Scholars of the various schools of thought agree that ‘azl is permissible under two conditions, the wife’s consent and that it is not intended to permanently prevent conception (Aulia et al., 2024). Thus, birth control is not prohibited in Islam as long as there is a legitimate religious justification (’uzur syar’i), such as health, family well-being, or psychological considerations. Classical scholars examined the prevention of pregnancy by taking into account the best interests of the family, reproductive health, and moral responsibility in family planning (Zuadah, 2021).

Ibn al-Qayyim, in Zad al-Ma‘ad, affirms the permissibility of ‘azl based on the narrations in the Sahihain from Abu Sa‘id al-Khudri and Jabir, the Companions practiced ‘azl during the time of the Prophet and while the Qur’an was still being revealed, yet he did not prohibit it (Al-Jauziyyah, 2019). When a companion expressed concern that his slave might be pregnant and referred to ‘azl as a “minor promise,” the Prophet refuted him, saying, “The Jews are liars. If Allah wills her conception, you will not be able to prevent it.” (Al-Tabari, 2001). The Prophet also stated that ‘azl cannot prevent Allah’s decree: “Indeed, it cannot prevent anything that Allah has willed.”(Al-Husain, 2001). However, with regard to a free wife, the Prophet forbade ‘azl unless she gave her consent (Muhammad Basri et al., 2023). Ibn al-Qayyim notes that the dispensation for coitus interruptus was narrated from 10 Companions: Ali, Sa‘d ibn Abi Waqqash, Abu Ayyub, Zayd ibn Thabit, Jabir, Ibn ‘Abbas, Hasan ibn Ali, Khabbab ibn al-Aratt, Abu Sa‘id al-Khudri, and Ibn Mas‘ud. Ibn Hazm absolutely prohibits it, citing the hadith of Judhamah: “It is a form of covert female infanticide.” (Al-Husain, 2001).

Ibn Qudamah, in al-Mughni, rules that ‘azl is makruh, not haram, because it reduces offspring and deprives the wife of pleasure, whereas the Prophet encouraged: “Marry, procreate, and increase your offspring.” (Qudamah, 2012). The prohibition is waived in cases of necessity, in a war-torn land, out of fear that a child might be taken as a slave, or with regard to one’s own female slave. Ali ibn Abi Talib narrated that he practiced ‘azl with his slave. The dispensation for ‘azl is also narrated from Malik, al-Shafi‘i, and the scholars of al-ra’y. Abu Sa‘id narrated that the Prophet did not prohibit ‘azl and affirmed that Allah’s decree remains in effect even if ‘azl is practiced (Ismail, 1997).

The Hanafi scholar Ibn Nujaim, in al-Bahr al-Ra’iq, distinguishes the ruling on ‘azl based on the woman’s status. With regard to his female slave, a husband may practice ‘azl without her permission. With regard to a free wife, ‘azl is prohibited unless she gives her permission, because a free wife has the right to sexual intercourse for the purposes of sexual satisfaction and procreation (Nujaim, 2002). If the husband is capable of ejaculation but practices ‘azl, the wife has the right to demand it. This difference stems from the fact that a slave does not have the same right to sexual intercourse as a free wife.

Based on this, it can be understood that the majority of classical scholars permit ‘azl under the following conditions it is not permanent, there is a valid need, and the wife’s consent is required if she is free. The legal rationale (’illat) for its permissibility is its temporary nature and the fact that it does not absolutely prevent procreation. This differs from vasectomy, which is a permanent method of birth control (tahdid al-nasl). Therefore, contemporary scholars who prohibit vasectomy base their argument on its permanent nature, while those who permit it require a medical necessity, similar to the necessity (hajat) in ‘azl.

In the Hanafi school of thought, it is permitted as long as it is done by mutual agreement between husband and wife thus, the wife’s consent is an important consideration. In contrast, the Shafi’i school of thought allows for greater flexibility by permitting the practice of ‘azl without

requiring the wife's consent (Djawas & Misran, 2019). Meanwhile, the Maliki school of thought holds that a husband is not permitted to practice 'azl with his wife who is a free woman without her consent (Pradikta, 2023).

All three schools of thought agree on recognizing 'azl as a means of avoiding or delaying pregnancy. In other words, there is no absolute rejection of this practice as a method of birth control. However, differences arise regarding the wife's rights and involvement in the decision-making process. Both the Hanafi and Maliki schools regard the wife's consent as an essential element before 'azl is performed, although their reasons and underlying considerations may differ. In contrast, the Shafi'i school does not require the wife's permission as a prerequisite, thereby granting the husband greater authority in the practice of 'azl.

'Azl and vasectomy share the same goal, preventing pregnancy. However, 'azl is temporary, whereas vasectomy is generally a long-term or permanent method of contraception. Therefore, the permissibility of 'azl across various schools of thought cannot automatically serve as a basis for the permissibility of vasectomy. Nevertheless, the principle of consent and mutual agreement between husband and wife, as discussed in the context of 'azl, remains relevant in decision-making regarding vasectomy. Thus, 'azl can serve as a reference in understanding the concept of birth control in Islam.

Contemporary scholars have also offered their opinions on this method of pregnancy prevention. It is haram to prevent conception (tahdid al-nasl), but family planning (tanzim al-nasl) is permissible under certain conditions. Fatwa No. 19 of the Permanent Committee for Islamic Research and Issuing Fatwas (Lajnah Da'imah) states that it is haram to prevent pregnancy or limit offspring (tahdid al-nasl) without a valid necessity (dharurat), as this contradicts the maqashid al-shari'ah, which encourage marriage for chastity ('iffah) and the proliferation of offspring (Al-Jaziri, 2008). Such an act is also a form of su'uzhan toward Allah's provision. However, if there is a dharurat such as a risk to the mother's health or pregnancies occurring too close together it is permissible to use 'azl, birth control pills, or other methods that do not cause dharar. The Mausu'ah Fiqhiyyah emphasizes that offspring are a great blessing. Islam encourages it, so it is absolutely forbidden to prevent procreation and forbidden to prevent pregnancy out of fear of poverty (Quran 17:31). Sterilization for the purpose of birth control is forbidden unless there is a definite danger. A woman may prevent pregnancy with her husband's permission if there is a real danger, using lawful and non-harmful methods, upon the recommendation of a trusted doctor (Al-Mu'allifin, 2013).

In Yas'alunaka, Husam al-Din distinguishes between tanzim al-nasl and tahdid al-nasl. Tanzim refers to spacing out births it is permissible if there is a valid reason. Tahdid refers to permanently limiting the number of children it is forbidden because it halts the reproductive function and alters Allah's creation, contradicts human nature, and violates the scriptural text that commands the multiplication of offspring. Tahdid also contradicts hifz al-nasl as a dharuriyyat ('Afanah, 2007). Wahbah az-Zuhaili, in al-Fiqh al-Islami, states that the majority of scholars with the exception of Ibn Hazm permit 'azl with one's wife provided she gives her consent, based on the hadith of Jabir: "We practiced 'azl during the time of the Messenger of Allah, while the Qur'an was being revealed, and he did not forbid us" (Narrated by al-Bukhari and Muslim).

The evidence for the wife's consent is the hadith of 'Umar: "The Prophet forbade 'azl with a free woman except with her consent" (Narrated by Ahmad and Ibn Majah). However, the Shafi'i school, the Hanbali school, and some of the Companions ruled it to be makruh tanzih because the hadith of 'Aishah refers to 'azl as "wa'd khafi" (Narrated by Muslim). Al-Ghazali permits 'azl due to the hardship caused by having many children. On this basis, it is permissible to use modern temporary contraceptives, provided they do not permanently eliminate reproductive capacity. Az-Zarkasyi also holds that temporary contraceptives such as 'azl are permissible, whereas methods that completely terminate a pregnancy are haram (Az-Zuhaili, 1997). Muhammad Abu Zahrah in Zahrah al-Tafasir Al-Ghazali explains that he grants a dispensation (rukhshah) for 'azl under two conditions: First, it is

not permissible out of fear of poverty, as this contradicts the Qur'anic verse, "We provide for them and for you." Second, even if 'azl is permitted under certain circumstances, it remains impermissible. If even a small part of it is not recommended, how much less so the practice as a whole (Zahrah, 1987).

In his Fatawa Islamiyyah, Muhammad bin Abdul 'Aziz states that practicing 'azl with a free wife is haram without her consent, because the wife has a right to children and 'azl causes her harm. Practicing 'azl with a slave is permissible without her consent. Evidence the hadiths of 'Umar and Ibn 'Abbas. Hai'ah Kibar al-'Ulama Saudi states that the ruling on birth control pills varies depending on a woman's circumstances. 'Azl and birth control pills do not prevent Allah's decree. Evidence hadith "A'zil 'anha in syi'ta fa innahu saya'tiha ma quddira laha" (Al-Mu'allifin, 2013), and the hadith of Abu Sa'id regarding the captives of the Bani Musthaliq: "Allah has decreed the creation of all who will be created until the Day of Judgment" (Ismail, 1997).

Based on the explanation above, it can be concluded that the majority of contemporary scholars permit temporary family planning under three conditions necessity (dharurat/hajat), consent of both spouses, and that it is not permanent. They prohibit tahdid al-nasl and permanent sterilization except in cases of dharar muhaqqaq. The 'illat (legal rationale) for the permissibility of 'azl is its temporary nature and the fact that it does not completely sever the lineage. This serves as a benchmark for evaluating permanent vasectomy.

The Indonesian Ulema Council (MUI) plays a central role in issuing Islamic fatwas in Indonesia. Since 1979, the MUI has ruled that vasectomies and tubectomies are haram because they prevent the continuation of the lineage. This ruling is based on the principle of hifz al-nasl, one of the fundamental objectives of maqashid al-sharia (Mizlan, 2025). The 2009 and 2012 Ijtima' Ulama fatwas reaffirm that vasectomy is prohibited as a form of permanent sterilization that contradicts Islamic teachings on the importance of having children (Kafutra, 2025).

Although it is originally prohibited, the MUI fatwa allows for certain exceptions under specific conditions. The latest fatwa is more flexible, particularly when the safety of the mother or child is at risk. If the mother faces serious health risks due to pregnancy, a vasectomy may be considered as a preventive measure (Mizlan, 2025). This shows that the MUI takes individual contexts and circumstances into account, rather than focusing solely on the text of the scripture.

In determining the ruling on vasectomy, the MUI used the method of qiyas, drawing analogies from several scriptural texts. First, the prohibition against killing children as stated in Surah Al-An'am: 151, Surah Al-Isra': 31, and Surah Al-An'am: 137. Second, the prohibition against altering Allah's creation based on Surah An-Nisa': 119. Third, the hadith regarding wa'd al-banat, or the burial of female infants. In addition to using qiyas, the MUI also established the ruling through the ijma' method, with the consensus that vasectomy is permitted if it meets five conditions. These conditions include it must not contradict Islamic law it must not cause permanent infertility there must be certainty that reproductive function can return to normal so that the patient retains the opportunity to have children the procedure must not pose any danger or health risks and vasectomy must not be used as part of a permanent contraception program or a permanent family planning method (Selfi Wahyu Putri et al., 2022).

It is understandable that the MUI fatwa is in line with the views of the majority of contemporary scholars distinguishing between tanzim al-nasl, which is permissible, and tahdid al-nasl, which is forbidden. Conventional vasectomy is haram because it constitutes "tahdid al-nasl" and violates "hifz al-nasl." It is permissible only under conditions of medical necessity, must not be permanent, and must not be part of a mass program. This serves as a basis for evaluating the West Java Governor's policy making vasectomy a requirement for social assistance.

Meanwhile, regarding the connection between the West Java Governor's policy and the criteria set by the MUI: first, there must be alignment between the policy's objectives and Islamic legal

principles that prioritize the public interest. Second, this policy promoting vasectomy must ensure that the procedure does not preclude an individual from having children in the future. Third, it must not infringe upon the reproductive rights of aid recipients. Fourth, its implementation must be based on clear medical considerations and carried out by authorized healthcare professionals to ensure the safety of participants. Fifth, this provision is the most crucial point, as it must be examined whether the policy functions solely as a population control instrument or remains within the limits permitted by Sharia law.

West Java Governor's Policy on Vasectomy as a Requirement for Receiving Social Assistance

As the most populous province, West Java has a complex dynamic. It covers an area of 35,377.76 km² and had a population of 50,345,190 in 2024. Approximately 3.85 million people, or 7.46%, are classified as poor. Although the percentage is not high, the absolute number makes West Java the province with the second-largest poor population in Indonesia, after East Java. Data from the West Java Central Statistics Agency (BPS) for 2019–2025 shows significant fluctuations (Riyanto & Kustinah, 2025).

Table 2. Number of low-income residents in West Java, 2019–2025

Province	2019	2020	2021	2022	2023	2024	2025
West Java	2,38 Million	4,19 Million	4,2 Million	4,7 Million	3,89 Million	3,85 Million	3,65 Million

Source: West Java Central Statistics Agency (BPS)

The surge from 2020 to 2022 was influenced by the impact of the pandemic. The downward trend from 2023 to 2025 indicates an improvement, but consistent policies are still needed (Missanjo et al., 2011). The population density stands at 1,359 people per km², the highest in Indonesia, raising concerns about the impact on quality of life if growth is not controlled (Rosyidah, 2025). The West Java Social Affairs Agency is implementing the KUBE Social Assistance Program to promote economic self-reliance by providing business capital to the poor. The program is managed by the Division of Poverty Alleviation (Riyanto & Kustinah, 2025).

A government policy is an official stance that affects society in order to resolve issues (Aprilia et al., 2022). Etymologically, "policy" refers to a strategic decision, as opposed to "politics," which is the art of governing (Pitri et al., 2022). There are three types of policy analysis prospective (predictive), retrospective (evaluative), and integrative (which combines both) (Widia & Abubakar, 2021). The social-benefit vasectomy program reflects a top-down policy that emphasizes formal metrics lowering the birth rate, reducing subsidies, and streamlining long-term social spending (Elmi As Pelu & Helim, 2025). This issue has sparked a tug-of-war between government policies on population control and religious views that reject medical intervention in reproduction (Fikri & Li, 2025). The West Java Governor's proposal stems from the region's demographic conditions a population of 50 million people across 18 regencies and 9 cities, with rapid growth over the past four years. There are concerns that a population density of 1,359 people per km² will negatively impact quality of life (Rosyidah, 2025). The governor believes that the family planning program has not been effective in curbing population growth, so a targeted alternative is needed. The first idea came to him during a visit to Majalengka. The governor met a father of 11 children who was living in poverty and was unable to work following an accident. The family depended on four of their children who sold pastries. The governor offered financial assistance on the condition that he undergo a vasectomy, but the offer was rejected (Rosyidah, 2025).

Data from the National Population and Family Planning Board (BKKBN) for 2025 shows that there were 76,059 men who underwent vasectomies and 643,511 women who underwent tubectomies nationwide. In West Java, there were 8,780 vasectomy recipients and 89,787 tubectomy recipients.

The number of vasectomy recipients accounts for less than 10% of all permanent female contraceptive methods, indicating that male participation is very low due to a lack of awareness and family opposition (Rosyidah, 2025). The low number of vasectomy recipients compared to tubectomy recipients indicates that the burden of family planning programs still falls predominantly on women. From a sociological perspective, this disparity is influenced by patriarchal culture, the stigma surrounding vasectomy, and low male participation. These conditions may pose a challenge to the West Java Governor's policy, as they have the potential to reduce public acceptance of the program.

The governor proposed vasectomies because large families are at risk of persistent poverty. Family planning is expected to allow resources to be focused on education and health, while also changing the perception that family planning is not just a woman's issue. However, making vasectomies a requirement for social assistance has sparked controversy because the procedure is permanent and prevents reproduction (Kafutra, 2025). Public opinion is divided supporters believe it is an effective way to prevent poverty and ensure equitable distribution of social assistance, while opponents argue that it interferes with personal reproductive choices. The governor later clarified that vasectomies are merely recommended for families with many children, with no coercion or official requirements (Sari et al., 2024).

Another study related to family planning shows that the Kampung KB program in Sidorejo Village includes activities such as Family Guidance for the Elderly (BKL), Family Guidance for Adolescents (BKR), Family Guidance for Toddlers (BKB), and Initiatives to Increase the Income of Prosperous Families (UPPKS), which aim to improve quality of life and create prosperous families. The implementation of BKL, BKB, and UPPKS has been quite successful, while BKR has not yet been fully optimized. The main obstacles to this program stem from limited infrastructure and low community participation in the organized activities (Apriani et al., 2021).

An Analysis of Mashlahah Mursalah Regarding the West Java Governor's Policy on the Distribution of Social Assistance

Social assistance programs have proven to have a tangible impact. First, they reduce poverty and inequality. The PIP program is the most effective at reducing poverty while also narrowing income inequality. The PKH program has a minimal impact on inequality but is the most effective at reducing poverty. The Rastra/BPNT program is the least effective. Although their outcomes differ, all three are progressive because low-income groups receive the greatest benefits (Arfandi & Sumiyarti, 2022). Second, the implementation of integrated and targeted strategies has been shown to improve the economic conditions and social well-being of the poor (Matondang et al., 2024). Third, recipients experience an improvement in their quality of life. Social assistance not only improves their economic situation but also opens up opportunities for self-reliance and enables them to gradually rise above the poverty line (Yuliani et al., 2025).

Some recipients even use it as capital for small businesses, though the majority use it for daily needs (Purba). Fourth, social assistance helps meet families' basic needs, such as rice, eggs, and healthcare. Regular assistance prevents families from going hungry and falling into economic crisis (Yuliani). Social assistance is a form of government intervention to ensure that poor and vulnerable citizens can adequately meet their basic needs (Purba). Fifth, social assistance improves spending patterns. Whereas previously their income was spent entirely on daily necessities, after receiving assistance, families can set aside money for other needs. Social assistance fosters a sense of peace and security, and protects against social risks (Yuliani et al., 2025). Sixth, the education sector has also been positively impacted. Social assistance funds are used for school uniforms, school supplies, and textbooks, thereby reducing the cost of education (Magna et al., 2024). It is clear that social assistance plays a vital role in protecting vulnerable communities from social risks, in accordance with the 1945 Constitution, Ministry of Social Affairs Regulation No. 1 of 2019, and Ministry of Finance Regulation

No. 181 of 2012. This program not only reduces poverty but also helps recipients improve their economic conditions.

The policy of requiring vasectomies as a condition for receiving social assistance has elicited two responses. For supporters, the benefits are as follows: First, it addresses poverty and imbalances in the distribution of social assistance. Families with many children find it difficult to meet their basic needs, so vasectomy is seen as a preventive measure to reduce the burden (Kafutra, 2025). The governor proposed vasectomies or male contraception as a requirement for social assistance to promote family planning and reduce poverty (Yunus, 2025). Second, controlling population growth while improving family well-being through family planning, by encouraging men's involvement in contraception (Sari et al., 2024). Vasectomy helps protect the health of mothers and children, leading to a better quality of life for the family (Munthe et al., 2019). Third, medically speaking, a vasectomy is highly effective in preventing pregnancy in the long term even permanently does not affect libido, and patients can go home without needing to be hospitalized (Rosa, 2025).

Fourth, the responsibility for family planning does not rest solely with women it also involves men (CNN, 2025). This policy eliminates the burden of family planning, which has traditionally been the responsibility of women. Fifth, government assistance is more evenly distributed and does not keep circulating among the same families. Social assistance must be linked to family planning to ensure it reaches the intended recipients, so that the state budget is not absorbed by a single household for scholarships, childbirth assistance, housing, and non-cash assistance (CNN, 2025). The author recognizes that this policy has the strategic potential to reduce poverty and improve the accuracy of social assistance distribution, particularly for families with many children. In addition to controlling population growth, the policy encourages men's involvement in family planning. Vasectomy is effective, safe, simple, and does not interfere with men's biological functions. By linking social assistance and family planning, aid is distributed more evenly and fairly.

The vasectomy policy is viewed from two perspectives. On the one hand, it is a government measure to regulate the birth rate. On the other hand, it has sparked opposition because it conflicts with religious values and patriarchal culture (Fikri & Li, 2025). Its implementation requires a nuanced approach that takes into account social conditions and community beliefs regarding the role of men in the family, so that it is effective and accepted without conflict. In addition to social considerations, economic factors are a major driving force. The principle of "la darar wa la dirar" which prohibits causing harm risks being overlooked if reproductive decisions are driven by financial necessity rather than full awareness and consent. The risks are not only physical, but also psychological, spiritual, and related to family harmony (Aulia et al., 2024). Linking social assistance to vasectomy has the potential to put people under pressure, making them feel they must make unwanted medical decisions in order to meet their basic needs. This undermines their freedom to make choices about their own bodies and can be viewed as an excessive restriction on the group (Sari et al., 2024).

The state should uphold the public interest without violating the moral and religious boundaries that guarantee social justice (Elmi As Pelu & Helim, 2025). The MUI permits vasectomies only in emergency situations under strict conditions, such as when the life of the mother or child is at risk. The government must not promote mass vasectomies and must be transparent about the risks and high costs of reversal. Forcing men to undergo vasectomies is tantamount to demanding that poor families sacrifice their reproductive rights in exchange for social assistance, which is contrary to Islamic ethics and law (Kafutra, 2025). However, recent MUI fatwas have shown a tendency to apply the principle of maslahah mursalah, allowing for decisions based on urgent health considerations rather than purely normative ones (Mizlan, 2025).

Couples who already have children and wish to prevent pregnancy for the sake of their physical and mental health now have a religious basis for considering a vasectomy. A vasectomy does not affect sexual desire, carries a low risk of complications, is affordable, involves a simple procedure, and

is safer than other methods (Mizlan, 2025). The subject of maslahah mursalah is an event for which there is no explicit textual evidence. There is no explicit evidence permitting or prohibiting vasectomy, except for the general guidelines prohibiting the killing of children (QS. Al-An'am: 151, Al-Isra': 31, Asy-Syura': 50, Al-An'am: 137) and the prohibition against taking on responsibilities beyond one's capacity (QS. An-Nisa': 3). A hadith from Abdullah bin Masud states that killing a child out of fear of poverty is a major sin (Zahrah, 1987). These verses and hadiths address the prohibition against killing children because of poverty and affirm that it is Allah who determines fertility or infertility. Although they are often used to oppose family planning, these texts do not specifically address vasectomy. Therefore, the issue of vasectomy falls under the category of maslahah mursalah, which is determined based on the public interest (Fahima & Jafar, 2017).

Medically speaking, the side effects of a vasectomy are minimal a decrease in libido which is generally psychological brief pain lasting a few days, and a risk of infection or hematoma if the wound is not properly cared for. The procedure does not interfere with sexual function in fact, it may even improve performance due to the elimination of anxiety about pregnancy (Fahima & Jafar, 2017). In classical Islamic jurisprudence, family planning is known as azl, which involves redirecting ejaculation so that sperm does not enter the uterus. Azl poses no risk because it prevents pregnancy temporarily without permanently impairing reproductive function (Djawas & Misran, 2019). The Prophet Muhammad approved of azl hadiths narrated by Abu Sa'id and Jabir state that the Companions practiced azl during the Prophet's lifetime and while the Quran was still being revealed, and the Prophet did not forbid it. Ibn Qayyim states that azl is permissible because a wife's right is to experience pleasure, not to have semen inside her vagina (Al-Jauziyyah, 2019). However, Ibn Hazm declared it haram based on the hadith of Judhamah bint Wahb, which states that azl is wad khafi (reported by Muslim). Ibn Qudamah ruled it makruh because it limits procreation and diminishes pleasure, but it is permissible in cases of necessity (Qudamah, 1989).

Contemporary Islamic jurisprudence, as set forth in the Fatwas of the Permanent Committee, prohibits contraception except in cases of emergency (Ar-Razzaq, 2003). Wahbah az-Zuhaili permits coitus interruptus with the wife's consent. Al-Ghazali permits it when a couple is unable to have many children. Zuhaili also permits birth control pills as long as they do not cause permanent infertility (Az-Zuhaili, 1997). The journal al-Fiqh al-Islami permits the prevention of pregnancy provided that the wife gives her consent, it does not pose a risk, it does not kill the fetus, and it is not permanent (Al-Mu'allifiin, 1990). The Fiqh Council prohibits limiting one's offspring outright out of fear of poverty, but permits it if having children poses a danger (Al-Mu'allifin, 2011). Islamic law permits coitus interruptus by mutual consent between husband and wife out of concern for the mother's safety, child-rearing, or religious difficulties ('Afanah, 2007).

Pregnancy prevention requires the wife's consent, is safe, does not terminate the pregnancy, and is temporary limiting the number of children out of fear of poverty is not justified except in emergencies. Medically speaking, a vasectomy is a form of permanent contraception that eliminates reproductive capacity. Recanalization is successful in 15–25% of cases (Ustin, 2025). Therefore, the decision to have a vasectomy must be a firm one you must be certain you do not want any more children.

The author considers Dedi Mulyadi's policy to be forward-looking because it takes long-term impacts into account namely, reducing poverty while preventing social problems caused by uncontrolled family growth while adhering to the criteria for social assistance as stipulated by regulations and incorporating the concept of vasectomy. Under certain conditions, vasectomy is seen as offering greater benefits in protecting the wife's health, maintaining family well-being, and preventing an economic burden that threatens the fulfillment of children's basic needs thus, it aligns with the principles of hifz al-nafs and hifz al-nasl, as well as the principle of maslahah mursalah, provided it is performed without coercion and based on genuine need. Although Islam encourages

procreation, quality remains paramount thus, this measure can be understood as a preventive effort for long-term benefit, as long as it does not contradict the principles of Sharia and genuinely avoids greater harm.

The policy of requiring a vasectomy as a condition for receiving social assistance falls under the category of mashlahah mursalah because it relates to a contemporary issue not explicitly addressed in the nash. This policy can be justified if it aims to safeguard family well-being and prevent poverty, and if its benefits outweigh its harms. Unlike previous studies, which generally discuss vasectomy from the perspectives of Islamic law, reproductive health, changes in fatwas, and family harmony, this study focuses on the policy of requiring vasectomy as a condition for receiving social assistance through the lens of mashlahah mursalah. While previous studies have emphasized the legal status and impact of vasectomy on individuals, this study examines its relevance as a social policy instrument to achieve the public good, particularly in efforts to improve family well-being and reduce the risk of poverty.

Conclusion

Based on an analysis of vasectomy as a requirement for social assistance from the perspective of mashlahah mursalah, the following conclusions are drawn. Social assistance evolved from the New Order era through the SBY era, which introduced the term "social assistance" targeting poor communities that met specific criteria. The vasectomy policy for social assistance recipients in West Java aims to encourage male participation in family planning programs as an effort to reduce poverty and improve family well-being. From the perspective of mashlahah mursalah, this policy can be viewed as a form of public interest that requires public education and acceptance. Theoretically, this study enriches the discourse on mashlahah mursalah, while practically, it can serve as a consideration in formulating social policies that are more targeted and equitable. Vasectomy aims to involve men in family planning. Within the framework of mashlahah mursalah, this policy qualifies as a maslahah mutabarah if it meets three conditions: first, there is a dharurat (necessity) that threatens hifz al-nafs (preservation of life) and hifz al-nasl (preservation of the lineage). Second, it must be free from mass coercion and adhere to the principle of la darar wa la dirar (no harm and no reciprocated harm). Third, its benefits must be widespread and not contradict a qathi text (definitive religious text). Otherwise, the policy shifts to being a maslahah mulghah because it negates the essential preservation of the lineage (hifz al-nasl).

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