

Between Procreation and Poverty Alleviation: Re-evaluating Shafi'i Jurisprudence on State-Mandated Vasectomy

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Abstract:

This study aims to examine the legality of vasectomy as a prerequisite for receiving social assistance from the perspective of Shafi'i jurisprudence. The emergence of vasectomy requirements in welfare policies has generated debate in Muslim societies because it intersects with issues of reproductive rights, bodily autonomy, and religious ethics. Such policies raise questions about whether state efforts to control population growth and poverty align with the principles and objectives of Islamic law. This research employs a qualitative, normative approach, drawing on library research methods. Classical and contemporary Shafi'i jurisprudential texts are analysed through the framework of *maqasid al-Shari'ah* and Islamic legal maxims. The findings show that vasectomy is generally categorized as impermissible because it permanently eliminates reproductive capacity and contradicts the principle of *hifz al-nasl*. Economic hardship and administrative interests cannot be classified as *darurah* that would justify permanent sterilization. Conditioning social assistance on vasectomy potentially creates structural coercion for economically vulnerable communities. This policy may therefore produce tensions between welfare objectives and Islamic legal principles. This study contributes to the discourse on Islamic public policy and recommends interdisciplinary research integrating *fiqh*, socio-legal analysis, and public policy studies.

Keywords: *Vasectomy, Social Assistance, Shafi'i Madhhab, Public Policy, Maqashid Al-Sharia*

INTRODUCTION

Public policy is one of the main instruments of government for regulating society's social and economic order. One of the forms is the policy of distributing social assistance (*bansos*), which aims to ensure the welfare of vulnerable community groups. Nevertheless, the effectiveness and fairness of such policies are often debated, especially when administrative or ideological requirements are enacted controversially (Lascoumes & Le Galès, 2007). For example, the policy requiring a vasectomy for former Regent of Purwakarta and Governor of West Java at the time, Dedi Mulyadi, for social assistance recipients sparked controversy in the community (Kompas.com, July 30, 2025). The reason

is that, although this is intended to control the birth rate for welfare purposes, the policy is considered to have exceeded the limits of moral and religious authority. This is in line with the argument of Gilabert, who stated that social policies should be inclusive and not provide additional burdens that hurt the dignity of the recipient (Gilabert, 2024). In the context of Indonesia's predominantly Muslim society, it is very important to assess the policy based on the perspective of *fiqh*, especially according to the predominantly adhered to of the Shafi'i school. Therefore, this research is relevant to criticize social policies that intersect with religious norms.

The main problem behind this study is the emergence of public anxiety towards policies that are considered to impose the medical practice of vasectomy as an administrative prerequisite to receive social assistance. From the perspective of the general public, especially devout Muslim groups, vasectomy is not only a matter of reproductive health, but also a matter of religious principles. The public questioned whether the state has the authority to intervene in citizens' bodily rights for the sake of welfare programs. In addition, doubts arise as to whether such a requirement is in accordance with the principles of social justice as mandated in the constitution (1945 Constitution, Article 28B paragraph (1)), as well as Islamic values that uphold the right to posterity (*hifzh al-nasl*). According to Abdulghani and Mohamad, Islam places great emphasis on protecting human existence, and permanent medical intervention without a medical emergency is a very sensitive issue in Islamic law (Abdulghani & Alrumayh, 2025; Mohamad et al., 2025). When social assistance is required due to permanent sterility, the public considers it a violation of individual freedom, especially in religious terms. This problem is getting worse because not all people have adequate medical knowledge and religious law to understand the impact of vasectomy fully. Therefore, there is a need for an in-depth and objective study based on Islamic law, especially the views of the Shafi'i school, as a guideline for the majority of Muslims in Indonesia.

Various previous studies have discussed controversial issues surrounding Family Planning (KB) programs and permanent sterility in the context of public policy. A study by Pallangyo and Putra Mina highlights the community's resistance to vasectomy because it is considered contrary to local religious and cultural values (Pallangyo et al., 2020; Putra Mina & Triani, 2025). Meanwhile, researchers have researched scholars' perceptions of the family planning program and concluded that there are still differences in acceptance of certain contraceptive methods, especially permanent methods (Alspaugh et al., 2020; Fantaye & Damtew, 2024). Likewise, the Anderson study emphasises that population policies often clash with the doctrine of "many children have sustenance," which is still firmly rooted in rural Indonesia (Andersson et al., 2024). However, most of these studies focus only on sociological and public health aspects, without delving into the specific perspective of *fiqh*. In this case, the normative aspects of Islam have not been comprehensively explored, especially in the approach of the Shafi'i school, which is very dominant in Indonesia. This gap in normative *fiqh* analysis underscores a need in the academic literature to be filled immediately, so that policies can be evaluated fairly, objectively, and contextually.

On the other hand, some studies try to review the law of vasectomy from the perspective of *fiqh*, but it is generally descriptive and not contextual to the case of social assistance policies. For example, Hadiati work discusses the law of sterility in Islam in general, but does not relate it to the government's social policies (Hadiati et al., 2025). In addition, Mohamad and Yusuf, in his essay on body sovereignty, also touch on the ethical

aspects of medicine in Islam but do not draw a direct correlation with the administrative requirements of state assistance (Mohamad et al., 2025; Yusuf & Bashir, 2024). These studies have not elaborated on the relationship between government policy decisions and the principles of *maqāṣid al-syari'ah* in the case of conditional social assistance.

In addition, most studies present only the school's general views, without in-depth details about the Shafi'i school, which has its own peculiarities in assessing medical practices such as vasectomy. In fact, in the reality of Indonesian society, which is of the Shafi'i school, normative justification from the school's perspective is urgently needed. Therefore, this research seeks to address this need by critically exploring the Shafi'i school's views on the requirements for vasectomy in social assistance receipt policies.

The novelty of this study lies in the focus of *fiqh* analysis on public policies that require vasectomy, with a specific approach to the Shafi'i school. While previous research was more oriented towards positive sociological, psychological, or legal aspects, this research contributes to filling the gap in the normative analysis of Shafi'i school Islam for social-health policies. By examining the primary sources of Shafi'i jurisprudence, such as *al-Umm*, *al-Majmu' Sharh al-Muhadzdzab*, and other works of Shafi'i scholars, this study links contemporary practice with classical principles that remain relevant. In addition, this study examines how Islamic law assesses the state's role in determining conditions that affect human rights, such as the right to have offspring. This is important because policies like this can set a bad precedent in government practice if not scientifically and religiously criticised. Thus, this research is important in compiling *fiqh*-based social justice parameters.

The main problem in this study is: "What is the law of vasectomy requirements in the policy of receiving social assistance according to the Shafi'i *madhhab*?" This research departs from the allegation that these requirements are contrary to the basic principles in the Shafi'i school, especially related to the protection of offspring (*hifzh al-nasl*) and the prohibition of castration (*al-'aqr*) permanently without a strong shari'i reason. Moreover, in the perspective of *maqāṣid al-syari'ah*, the imposition of permanent sterility can be categorized as a form of *dharar* (damage) to the human rights protected by religion. The contribution of this research is to present a robust and applicable *fiqh* analysis in response to state policies that affect the spiritual and moral dimensions of society. This study can also serve as a critical reference for policymakers to consistently consider Islamic ethics in setting social regulations and to avoid potential oppression under the guise of development.

RESEARCH METHODS

This study employs a qualitative approach with a normative-juridical method, commonly categorized as library research, to provide a rigorous and argumentative analysis of written sources (Alhazmi & Kaufmann, 2022; Kavar et al., 2024). This method was selected because the primary objective is a normative evaluation of a contemporary public policy, the vasectomy requirement for social assistance, examined through the authoritative lens of Shafi'i jurisprudence. Consequently, the research focuses on the collection and synthesis of data from both classical and contemporary literature relevant to the intersection of Islamic law, reproductive rights, and social welfare (Hussain, 2023).

Data collection was conducted through a comprehensive review of primary Shafi'i texts (*Al-Turath*), notably Imam al-Shafi'i's *al-Umm*, Imam al-Nawawi's *al-Majmu' Sharh al-Muhadhdhab*, and other significant works by Shafi'i scholars addressing reproductive law, permanent sterilization, and the preservation of progeny (*hifzh al-nasl*). To ensure contextual relevance, the study also incorporates modern legal instruments, including

fatwas issued by the Indonesian Ulema Council (MUI), previous academic research, and government policy documents on family planning and social aid distribution (Shihab, 2007). This dual-layered sourcing enables robust comparison between foundational legal principles and modern administrative mandates.

The data analysis follows an adapted qualitative analysis model that integrates thematic content analysis with the stages of data reduction, data display, and conclusion drawing (Rohbiyatun et al., 2025; Salmona & Kaczynski, 2024). This process involves filtering and categorizing relevant textual evidence to focus on the core issues of bodily autonomy and state authority, and then systematically synthesizing these findings into a coherent narrative. Crucially, the study utilizes the mechanism of *istinbat al-ahkam* (legal deduction) and thematic hermeneutics to bridge classical jurisprudence with modern policy (Al-Farsi, 2022). By applying *Qawaid Fiqhiyyah* (legal maxims) specifically the principle that a leader's actions toward subjects must be predicated on the public interest (*tasharruf al-imam 'ala al-ra'iyyah manuthun bi al-Maslahah*) and the framework of *Maqasid al-Shari'ah*, this research aims to provide a scholarly contribution that harmonizes state mandates with Islamic ethical principles, advocating for social policies that are more equitable and contextually grounded (Salma, 2024).

RESULTS AND DISCUSSION

Results

Vasectomy as a Permanent Procreation Termination in Shafi'i Jurisprudence

The findings demonstrate that vasectomy occupies a distinct legal position within Shafi'i jurisprudence because of its permanent effect on male reproductive capacity. In the analytical framework applied in this study, vasectomy is classified as *ta'qīm da'im* (permanent sterilization), rather than as an ordinary contraceptive method. This classification is based primarily on the distinction between interventions that temporarily prevent conception and those that permanently eliminate or significantly impair the biological capacity for procreation.

The analysis identifies reversibility as a central determinant in differentiating temporary contraception from permanent sterilization. Temporary methods, including *'azl* (coitus interruptus), do not eliminate reproductive function but only regulate conception timing, whereas vasectomy directly intervenes in the reproductive pathway with a permanent effect. This distinction places vasectomy in a separate jurisprudential category from temporary family-planning methods.

Table 1. Comparative Jurisprudential Analysis of Contraceptive Methods in the <i>Shafi'i Madhhab</i>		
Analytical Criteria	Temporary Contraception (e.g., <i>Azl</i> /Hormonal)	Permanent Sterilization (Vasectomy)
Medical Nature	<i>Reversible</i> (Restorable reproductive function)	<i>Irreversible</i> (Permanent termination)
Default Legal Status	<i>Mubah</i> (Permissible) / <i>Makruh</i> (Disliked)	<i>Haram</i> (Strictly Prohibited)
<i>Shafi'i</i> Justification	Does not eliminate the progeny faculty	<i>Al-i'thal</i> (Rendering an organ/function useless)
Legal Analogy (<i>Qiyas</i>)	<i>Tanzil</i> (Delay of procreation)	<i>Al-khasi</i> (Human Castration)
Impact on <i>Hifzh al-nasl</i>	Regulates birth spacing	Terminates the genealogical line

Table 1 shows that the key legal distinction lies not only in the contraceptive purpose but in the nature and consequences of the intervention. Temporary contraception preserves reproductive capacity while regulating conception, whereas permanent sterilization alters reproductive function in a way that eliminates future procreation. This difference becomes the main basis for legal classification.

Within the Shafi'i framework, this distinction produces different legal rulings. Temporary contraception may fall under *mubah* or *makrūh* depending on context, while vasectomy is treated differently due to its permanent effect. The permanence of the procedure becomes the decisive *'illah* separating permissible regulation from prohibited permanent sterilization.

The analysis further shows that permanent sterilization is associated with the concept of *al-i'thal*, namely the irreversible loss of bodily function. Therefore, vasectomy is not only a technical contraceptive method but also an intervention affecting bodily integrity and long-term reproductive capacity. This places it within the broader concern of preserving human function, not merely preventing pregnancy.

Table 2. The Hierarchy of Necessity (*Darurah*) and the Legal Standing of Vasectomy

Category of Condition	Definition in <i>Shafi'i</i> Jurisprudence	Legal Status of Vasectomy
Necessity (<i>Darurah</i>)	Life-threatening situations (Threat to <i>Hifzh al-nafs</i>)	Permissible (As a last resort to save life)
Need (<i>Hajat</i>)	Socio-economic hardship or financial difficulty	Prohibited (Cannot override the prohibition of sterilization)
Refinement (<i>Tahsiniyat</i>)	Administrative efficiency or population aesthetics	Strictly Forbidden (Considered an overreach of authority)

Table 2 shows that justifications for vasectomy fall within different levels of necessity (*Daruriyyat*, *Hajiyyat*, *Tahsiniyat*). The findings indicate that poverty, administrative efficiency, and population control are categorized as lower-level needs and do not reach the threshold of necessity required for permanent sterilization. Therefore, these factors alone are insufficient to justify irreversible reproductive intervention.

Economic hardship and administrative considerations remain within the category of *hajjah*, while vasectomy produces permanent and irreversible consequences. This creates a clear imbalance between the severity of the intervention and the level of need being addressed. As a result, using these justifications for vasectomy leads to a disproportionate legal and ethical outcome.

The findings also show that linking vasectomy with social assistance creates an asymmetrical relationship between economic vulnerability and reproductive rights. The requirement places individuals in a position where access to basic support is conditioned on surrendering reproductive capacity. This raises concerns of coercion, where consent becomes structurally influenced by economic pressure rather than genuine choice.

The Paradox of State Mandates: Islamic Leadership Principles and the Limits of Administrative Authority

The findings indicate that within the Shafi'i jurisprudential framework, state authority is not absolute but conditional upon the realization of legitimate public welfare (*maṣlaḥah mu'tabarah*) and the avoidance of harm (*mafsadah*). Leadership (*imamah*) functions as an *amanah*, meaning that every policy must remain within the normative boundaries of *Shari'ah*, not only in its objectives but also in its means and consequences.

Therefore, a policy's legitimacy is not determined solely by administrative efficiency or socio-economic goals, but by its compatibility with Maqasid al-Shari'ah, particularly in terms of proportionality, harm prevention, and protection of fundamental rights.

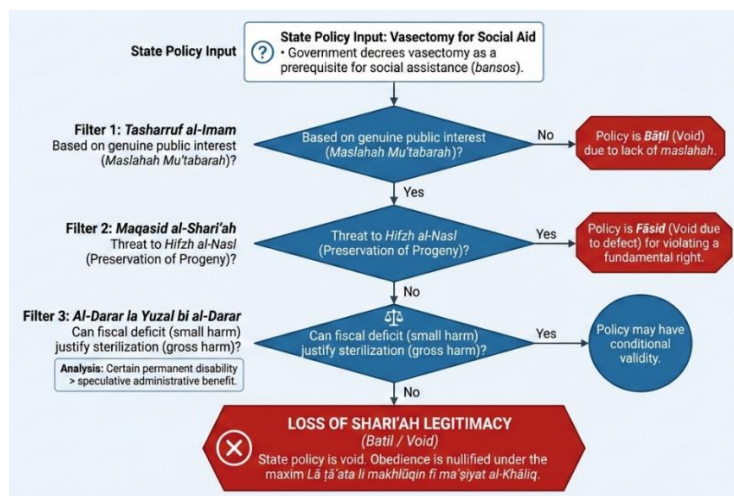


Figure 1. Flowchart of *Shari'ah* Legitimacy for Public Policy Analysis

Applying this framework to the vasectomy requirement for social assistance reveals a structural contradiction. As illustrated in Figure 1, the policy is filtered through layered jurisprudential tests: policy objective, *Shari'ah* compliance of the means, and balance of benefit and harm. The findings show that while poverty alleviation is a legitimate objective, linking it to permanent sterilization creates an asymmetry between a speculative collective benefit and a certain, irreversible individual harm. The anticipated fiscal or demographic gains remain uncertain, whereas the reproductive consequence is immediate and permanent, weakening the claim that the policy constitutes *maṣlaḥah mu'tabarah*.

The analysis further demonstrates that this asymmetry triggers multiple jurisprudential concerns, particularly saddu *al-dhara'i'* and *ikrah*. Conditioning social assistance on vasectomy risks transforming welfare into a coercive mechanism, especially because recipients are economically dependent and may lack genuine freedom to refuse. This creates a form of structural pressure where procedural consent does not necessarily reflect substantive voluntariness. Consequently, the policy risks expanding state authority into bodily and reproductive autonomy in ways that exceed legitimate administrative discretion.

Table 3. Analysis of Proportionality in Vasectomy-Bansos Policy

Aspect of Analysis	Government's Claimed Benefit (Maslahah)	Jurisprudential Harm (mafsadah)
Urgency	Administrative Efficiency / Fiscal Control	Violation of <i>Hifzh al-nasl</i> (Fundamental Right)
Certainty	<i>Wahmiyyah</i> (Speculative/Long-term)	<i>Yaqiniyyah</i> (Certain/Permanent disability)
Legal Status	<i>Maslahah Mulghah</i> (Rejected interest)	<i>Darar Fahish</i> (Gross injury to the body)
Conclusion	Invalid Premise	Prevailing Prohibition

Table 3 shows a clear imbalance between state objectives and individual consequences. While the state emphasizes administrative efficiency, poverty management, and demographic control, the individual bears permanent alteration of reproductive capacity and potential coercion in decision-making. This mismatch highlights

a proportionality problem: poverty is a socio-economic condition requiring structural economic solutions, whereas vasectomy is a biomedical intervention affecting irreversible bodily integrity. The findings therefore indicate that the policy exceeds the proper scope of welfare administration and creates a jurisprudentially problematic linkage between economic assistance and reproductive surrender.

In conclusion, the study finds that the vasectomy requirement for social assistance generates a three-level problem: normative tension with *ḥifẓ al-naṣl* and bodily integrity, procedural doubt regarding the validity of consent, and institutional overreach in state authority. The principle لَا طَاعَةَ لِمَخْلُوقٍ فِي مَعْصِيَةِ الْخَالِقِ (*la ṭa'ata li makhlūqin fī ma'ṣiyat al-Khaliq*) reinforces the limit of obedience to state mandates when they conflict with higher Shari'ah principles. Ultimately, the findings confirm that while the state may pursue legitimate welfare objectives, it cannot condition social protection on irreversible reproductive interventions without violating the balance between *maṣlaḥah*, justice, and proportionality within the Shafi'i framework.

The Invalidation of Prohibited Conditions in Social Welfare Mandates

The findings show that the validity of administrative conditions in the Shafi'i framework depends not only on state enactment but on conformity with *Shari'ah*. A condition is binding only when its purpose, mechanism, and impact remain within Islamic legal limits. This is grounded in the principle:

المُسْلِمُونَ عَلَى شُرُوطِهِمْ إِلَّا شَرْطًا حَرَّمَ حَلَالًا أَوْ أَحَلَّ حَرَامًا

Meaning : “Muslims are bound by their conditions, except for a condition that prohibits what is lawful or permits what is prohibited.”

This establishes a clear distinction between a valid condition (*shart sahih*) and an invalid condition (*shart batil*). Administrative authority may set requirements for public benefits, but these are not automatically valid in *Shari'ah* if they contradict higher legal principles. Thus, formal legality and *Shari'ah* legitimacy are analytically separate. This becomes critical in assessing vasectomy as a condition for social assistance (*bansos*), which in the Shafi'i view constitutes permanent sterilization and therefore cannot be imposed without overriding necessity.

The findings show that the problem lies in two dimensions: the substantive nature of vasectomy as an irreversible bodily intervention, and the administrative function that links access to welfare with acceptance of that intervention. As a result, social assistance shifts from a protective mechanism into a conditional system that requires the surrender of reproductive autonomy. Because recipients are economically vulnerable, refusal may result in the loss of essential support, meaning that consent is shaped not only by choice but also by structural economic pressure. This is clarified through the distinction between *shart sahih* and *shart batil*, where valid conditions support public benefit without harming fundamental rights, while invalid conditions contradict higher principles or impose disproportionate harm.

As shown in Table 4, the key issue is not administrative purpose but compatibility with higher norms. Health screening remains proportionate because it does not permanently harm bodily integrity, whereas vasectomy produces irreversible consequences that exceed the scope of welfare administration. The legal basis of a valid condition lies in its alignment with *Nass* and *Maqasid*, while a void condition arises when

it contradicts *Nass* or effectively prohibits what is lawful. From the perspective of objectives, a valid condition enhances *maṣlaḥah* by supporting public welfare without undermining essential human faculties, whereas a void condition generates certain and permanent harm that outweighs any projected benefit. In terms of rights, a valid condition preserves human faculties and dignity, while an invalid condition compels the surrender of bodily autonomy under conditions of economic dependency. This is reflected in the contrast between permissible administrative requirements such as health screening and the vasectomy requirement, which is irreversible and directly affects reproductive capacity. Consequently, the legal verdict distinguishes between binding validity for *shart sahih* and nullity for *shart batil*, indicating that only conditions consistent with *Shari’ah* principles can be enforced within public welfare systems.

Table 4. Jurisprudential Validity Matrix of Public Policy Conditions

Criteria of Condition	<i>Shari’ah</i> -Compliant Condition (<i>Shart Sahih</i>)	Prohibited/Void Condition (<i>Shart Batil</i>)
Legal Basis	Aligns with <i>Nass</i> (Scripture) and <i>Maqasid</i> .	Contradicts <i>Nass</i> or prohibits the <i>Halal</i> .
Objective	Enhances public welfare (<i>Maslahah</i>).	Causes permanent harm (<i>Darar Yaqin</i>).
Impact on Rights	Protects fundamental human faculties.	Forces the surrender of bodily autonomy.
Case Example	Mandatory health screening for aid.	Mandatory vasectomy for social aid.
Legal Verdict	Binding and Valid.	Void and Unenforceable.

The findings further indicate a structural mismatch between the nature of the problem and the policy instrument. Social assistance addresses economic hardship, while vasectomy is a biomedical intervention that does not directly resolve economic deprivation. This weakens the claim of *maṣlaḥah mu’tabarāh* because the benefit remains uncertain while the harm is direct, certain, and permanent. The distinction between *ḍarurah* and ordinary need is therefore decisive, as administrative urgency cannot elevate a policy to the level of necessity required to justify irreversible bodily intervention. This is reinforced by the principles لَا ضَرَرَ وَلَا ضِرَارَ (*La ḍarar wa la ḍirar*) and رَفْعُ الْحُرْجِ (*Raf’ al-ḥaraj*), which prohibit harm and require the removal of hardship, not its transformation into new forms of burden. Conditioning welfare on vasectomy therefore creates a contradiction: it seeks to reduce economic hardship while simultaneously introducing irreversible physical and social harm.

The findings also show that the policy affects multiple dimensions of *Maqasid al-Shari’ah*, particularly *hifz al-nasl* due to sterilization and *hifz al-din* due to pressure toward a prohibited act under conditions of economic dependency. This produces cumulative harm across biological integrity, religious commitment, socio-economic stability, and institutional trust. Because multiple protected interests are affected simultaneously, administrative efficiency cannot serve as sufficient justification. The policy fails the requirements of *maṣlaḥah mu’tabarāh* on three grounds: disproportionate means relative to economic objectives, concentration of coercive burden on vulnerable groups, and cumulative harm to protected human faculties. Nevertheless, the rejection of the vasectomy condition does not invalidate social welfare itself; rather, it invalidates only the prohibited condition attached to it. A *shart batil* cannot be legitimized by its association with a valid program, and each condition must independently satisfy *Shari’ah* standards of necessity, proportionality, and protection of fundamental interests. Ultimately, the vasectomy requirement is classified as a *shart batil* because it transforms economic

vulnerability into coercive leverage, links welfare access to irreversible bodily harm, and exceeds the limits of necessity required in *Shari'ah*, thereby undermining *'adalah*, *maslahah*, *hifz al-nasl*, *hifz al-din*, and human dignity.

Discussion

The findings position vasectomy as a qualitatively different reproductive intervention from temporary contraception because its decisive legal characteristic is permanence. This result is consistent with medical observations that vasectomy reversal remains uncertain and financially inaccessible for many patients, reinforcing the practical significance of irreversibility identified by Thoma et al. (2021). Jurisprudentially, the finding accords with Naaman (2025), Putra Mina and Triani (2025), and Shabana (2021), who associate permanent sterilization with loss of procreative capacity and bodily integrity. It is further supported by Jamaluddin et al. (2022) and Munif et al. (2024), whose discussions of *al-i'thāl* and *darurah* distinguish eliminating bodily function from regulating conception. The present study advances this literature by identifying permanence not only as a medical feature, but as the operative *'illah* connecting reproductive ethics, bodily integrity, and the legal classification of state-mandated sterilization.

A second finding concerns the hierarchy of necessity used to assess whether socio-economic considerations can justify permanent sterilization. The study shows that poverty, fiscal pressure, and population management remain within *hajat* or administrative interest rather than *darurah* capable of overriding reproductive protection. This conclusion converges with the legal-harm analysis associated with El-Jaichi and Sabih (2022), Ostrowsky (2020), El-Bassiouny et al. (2023), and Ahmed (2025), which, as employed in the manuscript, privilege prevention of certain or greater harm over speculative benefit. It is also compatible with Hashmi (2021), who places preservation of reproductive faculty within Islamic bioethical reasoning. However, the findings extend existing discussions by applying the hierarchy of necessity directly to welfare conditionality. The novelty lies in showing that administrative efficiency cannot be elevated into life-preserving necessity merely because it is presented as public interest, exposing a category error in the policy rationale.

The findings also reveal that the vasectomy requirement cannot be evaluated solely as reproductive regulation because it implicates the jurisprudential limits of state authority. This result is consistent with Abd Razak (2020), Rifai (2021), Scott and Husain (2021), and Simon (2020), whose cited discussions frame governmental authority as contingent upon *maslahah* rather than unrestricted administrative discretion. Ben-Menahem and Ben-Menahem (2020) similarly support the proposition that political authority is normatively bounded, while Umar and Maaji (2025) highlight the ethical problem created when socio-economic vulnerability becomes a mechanism for enforcing reproductive intervention. Siddique and Siddique (2025) further reinforce that legitimate interest must not contradict higher *Shari'ah* norms. The study contributes an integrated model by showing that policy legitimacy depends simultaneously on objective, means, and consequences. Its theoretical novelty is to conceptualize welfare conditionality as a jurisprudential filter problem rather than merely a dispute over governmental competence.

A further point of convergence appears in the study's treatment of coercion, marital rights, and bodily autonomy. The findings show that consent to vasectomy becomes substantively questionable when refusal threatens access to essential social

assistance, creating structural rather than merely physical coercion. This interpretation resonates with Drobac (2024), Lewis (2020), AM et al. (2025), and Al-Nasiri (2025), whose cited arguments emphasize reproductive interests, spousal rights, *Maqasid* protection, and *ikrah*. It also complements Airaksinen (2020), whose use in the manuscript supports limits on obedience when state commands conflict with higher moral obligations. Amin et al. (2024) and Kalafati (2023) likewise reinforce the exceptional nature of permanent reproductive removal absent life-threatening necessity. The study links these separate debates into a framework of “coercive welfare conditionality,” demonstrating that the legal defect arises not only from sterilization itself but from exploiting economic dependency to obtain compliance.

The invalidity of the vasectomy condition is further supported by the contractual logic of Islamic law. The Prophetic rule that Muslims are bound by their conditions except those that prohibit the lawful or permit the prohibited, transmitted in Abu Dawud (No. 3594) and Tirmidzi (No. 1352), provides the normative foundation for distinguishing *shart sahih* from *shart batil*. The finding is consistent with Bielefeldt (2020) and Maevskaya and Aga (2023), as cited in the manuscript, regarding limits on conditions conflicting with higher normative standards, and with Silalahi (2021) and Subekti and Kensiwi (2025) concerning defective conditions used as administrative gatekeepers. Rahim and Hashim (2025) and Sencal and Asutay (2021) further support the priority of halal-haram boundaries over administrative expediency. The study’s novelty is to transfer this contractual doctrine into public-welfare governance, showing that a valid program can contain an independently invalid condition.

The empirical-legal synthesis confirms that permanent sterilization requires a stronger justification than ordinary welfare administration can provide. Astarina and Akmal (2024) and Mina and Triani (2025) support, within the cited literature, the permissibility of permanent contraception only under serious medical necessity, while Ajoke (2025) and Mustafa (2021) extend the discussion to institutional Islamic positions emphasizing protected reproductive capacity. Fitria et al. (2025) similarly reject coercive sterilization requirements, and Alam (2022) supplies the harm-removal logic expressed through *la darar wa la dirar* and *raf’ al-haraj*. Woolhandler et al. (2021) adds a broader social-justice dimension by underscoring consequences of policies that burden vulnerable groups. Practically, these findings imply that governments should separate welfare eligibility from irreversible medical interventions and employ reversible, proportionate, non-coercive instruments. The study therefore contributes an operational policy test combining necessity, proportionality, voluntariness, and rights protection.

Finally, the study broadens the discussion from reproductive legality to distributive justice, religious integrity, and institutional trust. Its findings accord with Awad (2025) and Miftahussurur and Faiz (2025), whose cited analyses conceptualize public authority as a trust constrained from destroying fundamental human faculties, and with Addis (2020), Hassan et al. (2023), and Tahir and Hamid (2024), which, as mobilized in the manuscript, connect legitimate welfare with dignity, religion, and *Maqasid*-based protection. The findings also reinforce Fitria et al. (2025) and Mina and Triani (2025) that welfare cannot be conditioned on a prohibited reproductive act. The principal theoretical contribution is a multidimensional model in which *hifz al-nasl*, *hifz al-din*, *maslahah*, coercion, and administrative validity operate together rather than independently. Its practical impact is significant: policymakers are directed toward distributive and social-protection measures while avoiding interventions that convert vulnerability into leverage for irreversible bodily concessions.

CONCLUSION

This study finds that making vasectomy a requirement for social assistance is not compatible with the Shafi'i legal framework, as it lacks the level of *darurah* needed to justify permanent bodily intervention. The key insight is that public welfare cannot be achieved through policies that impose certain and irreversible harm on protected human interests. Because vasectomy permanently affects *hifz al-naşl*, bodily integrity, and meaningful consent, linking it to welfare access transforms economic vulnerability into coercive pressure and renders the condition a *shart batil*. The main contribution of this study is the integration of Shafi'i jurisprudence, *Maqasid al-Shari'ah*, legal maxims, and state authority into a unified framework, introducing the concept of "coercive welfare conditionality" to explain when welfare policies become legally and ethically defective.

However, the study is limited by its normative and library-based approach, which does not include empirical data on lived experiences, policy implementation, or socio-economic impacts. Its focus on the Shafi'i school also limits broader generalization across other legal traditions. Future research should adopt comparative madhhab analysis, integrate constitutional and human-rights perspectives, and use empirical or mixed-method approaches involving stakeholders such as recipients, policymakers, and medical experts to further test and refine the proposed framework.

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