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Vasectomy Clause: Reproductive Fiqh and the Unfinished Decolonisation of Population Policy in Indonesia

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Abstract

This article examines reproductive governance in Indonesia through the contested discourse on male contraception, particularly the proposal in West Java to link access to social assistance (BANSOS) with participation in a vasectomy programme. Existing studies have largely approached family planning through demographic, biomedical, and technocratic perspectives, leaving insufficient attention to Islamic legal reasoning as an independent framework for evaluating reproductive policy. Employing a qualitative socio-legal approach informed by decolonial methodology, Berger and Luckmann's theory of social construction, and Jasser Auda's systems approach to *maqāṣid al-sharī'ah*, this study analyses policy documents, public statements, Islamic legal materials, and relevant secondary literature. The analysis indicates that the proposed welfare-conditional vasectomy policy reproduced a technocratic mode of reproductive governance in which economically vulnerable bodies risked becoming instruments of demographic management. Islamic legal reasoning, however, provided an alternative evaluative framework centred on human dignity, non-coercion, protection from harm, and relational responsibility. The study argues that *maqāṣid*-based reasoning can function as a counter-epistemology within reproductive governance by challenging demographic reductionism while enabling a more contextual assessment of male contraception. The West Java case therefore illustrates how reproductive policy in Indonesia is negotiated among state authority, Islamic legal norms, social welfare concerns, and competing conceptions of reproductive justice.

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[*Artikel ini mengkaji tata kelola reproduksi di Indonesia melalui wacana kontroversial mengenai kontrasepsi pria, khususnya usulan di Jawa Barat untuk mengaitkan akses terhadap bantuan sosial (BANSOS) dengan keikutsertaan dalam program vasektomi. Studi-studi terdahulu umumnya membahas keluarga berencana melalui perspektif demografis, biomedis, dan teknokratis, sementara penalaran hukum Islam belum banyak ditempatkan sebagai kerangka independen untuk menilai kebijakan reproduksi. Dengan menggunakan pendekatan sosio-legal kualitatif yang diperkaya metodologi dekolonial, teori konstruksi sosial Berger dan Luckmann, serta pendekatan sistem Jasser Auda terhadap maqāṣid al-sharī'ah, penelitian ini menganalisis dokumen kebijakan, pernyataan publik, sumber hukum Islam, dan literatur sekunder yang relevan. Analisis menunjukkan bahwa usulan kebijakan vasektomi yang dikaitkan dengan bantuan sosial mereproduksi corak tata kelola reproduksi teknokratis yang berisiko menjadikan tubuh kelompok rentan secara ekonomi sebagai instrumen pengelolaan demografis. Sebaliknya, penalaran hukum Islam menawarkan kerangka evaluatif yang menekankan martabat manusia, larangan pemaksaan, pencegahan kemudaratan, dan tanggung jawab relasional. Studi ini berargumen bahwa penalaran berbasis maqāṣid dapat berfungsi sebagai epistemologi tandingan terhadap reduksionisme demografis sekaligus menyediakan kerangka yang lebih kontekstual dalam menilai kontrasepsi pria. Kasus Jawa Barat memperlihatkan bahwa kebijakan reproduksi di Indonesia dibentuk melalui negosiasi antara otoritas negara, norma hukum Islam, kepentingan kesejahteraan sosial, dan berbagai konsepsi tentang keadilan reproduksi.*]

Keywords: Islamic legal reasoning, *maqāṣid al-Sharī'ah*, decoloniality, reproductive biopolitics, vasectomy.

Introduction

Reproductive governance in Indonesia has long been shaped by the interplay between state-driven demographic policies and socio-religious norms (Hull et al. 1977). This article argues that male contraception, particularly vasectomy, provides a critical entry point for examining how reproductive policies are negotiated between technocratic rationalities and Islamic legal reasoning. By focusing on the Indonesian context, this study aims to demonstrate how Islamic epistemologies can function not only as normative frameworks but also as active agents in reshaping reproductive governance.

Male contraception, particularly vasectomy, represents one of the most contentious areas of reproductive health policy in contemporary Indonesia

(UNFPA Indonesia 2012). Despite decades of family planning initiatives that have successfully reduced fertility rates from 5.61 children per woman in the 1970s to approximately 2.18 today, (BKKBN 2017) the burden of contraceptive responsibility has remained overwhelmingly concentrated among women. Current statistics reveal that male participation in contraceptive use stands at merely 2.7%, with vasectomy accounting for only 0.2% and condom use at 2.5% (UNFPA 2022). This gender imbalance in reproductive responsibility reflects deeper structural inequalities (Fitriana 2015) that intersect law, religion, culture, and public policy in ways that both reinforce and occasionally challenge patriarchal norms around family planning (UNFPA Indones., n.d.).

By comparison, vasectomy remains a prominent form of permanent male contraception in developed countries such as the United States. Available studies indicate that its use is particularly common among men in their early thirties, with men aged 31–35 representing a substantial proportion of vasectomy users (Brannigan 2021). Vasectomy use has also been reported to be more prevalent among US-born men than among recent immigrant populations, suggesting that contraceptive choices are shaped not only by access to medical services but also by social, cultural, and demographic factors (Zhang and Eisenberg, n.d.).

Meanwhile, in developing countries in Latin America such as Bolivia, Peru, Argentina and Paraguay, where population growth continues to be framed as a major demographic concern and has the potential to have a snowball impact in the future, the participation rate of adult males is still very low (Hoover et al. 2026). Even in Bolivia in 2019, only 77 adult men registered to participate in this permanent contraceptive programme ("World Contraceptive Use | Population Division," n.d.).

This research aimed to fill the gap between existing literature related to themes brought by this article. First, a theme related to the landscape of reproductive governance and biopolitics in post-colonial Indonesia. To understand the contemporary stagnation of male contraception regulations in Indonesia, it is imperative to first deconstruct the historical trajectory of the nation's reproductive governance. Scholars have argued that the Indonesian state's intervention in the reproductive bodies of its citizens is deeply rooted in a legacy of bureaucratic control and biopolitics. Under the New Order regime, the overarching state slogan, *Keluarga Sejahtera* (the Prosperous Family), served as the ideological centrepiece for population control agendas. Far from being a mere public health initiative, this family planning programme manifested as a stark

empirical example of Foucault's "biopower", wherein the state conflated modern citizenship and national economic health with the stringent regulation of fertile bodies. This technocratic regime operated under a firmly anti-natalist banner, striving to transform individuals into calculated demographic assets to secure international development aid and ensure regime stability (Newland 2001).

The execution of this state-driven biopower heavily relied on localised mechanisms, creating what Stein concepts as "village biopower". Rather than establishing a hegemonic totality of self-regulating subjects through purely Western institutional frameworks, the post-colonial Indonesian state expanded its reach by adapting to subaltern networks, local modes of authority, and religious moralities. A key node in this apparatus was the state-appointed village midwives (*bidan*), who were deployed nationwide to medicalise birthing practices and aggressively solicit women for semi-permanent forms of contraception. Concurrently, indigenous birth attendants (*dukun bayi)*, who held authentic traditional knowledge, were subjected to systemic state integration—a filtering process aimed at neutralising perceived "primitive" practices and absorbing them as subordinate auxiliaries for birth reporting and contraceptive recruitment. This historical trajectory illustrates that reproductive choices in Indonesia have long been treated as an arena of bureaucratic surveillance and top-down engineering rather than a matter of individual reproductive justice ("Midwives, Islamic Morality and Village Biopower in Post-Suharto Indonesia," n.d.).

Furthermore, the enforcement of reproductive governance in Indonesia has never been uniform; instead, it operates within a deeply contested socio-political and racialised landscape. In certain marginalised frontiers, such as West Papua, the national family planning model—frequently lauded as a global health success story—takes on a darker, necropolitical dimension. For Black Indigenous Papuans living under active military occupation and a history of state violence, the aggressive imposition of the state's family planning programme is often perceived not as welfare, but as an existential threat and an apparatus of demographic domination. This has triggered distinct forms of Indigenous refusal and racial survival, where local health environments become battlefields between state birth control mandates and local pronatalist resistance (Rasidjan 2024).

In contrast to the highly militarised and contested nature of governance in the frontiers, regions like West Java present a different dynamic of negotiation.

Here, the legacy of *Keluarga Sejahtera* lingers within a dense framework of local religious authority and desensitised state welfare programmes. While existing studies extensively cover how female bodies were targeted through village biopower and how frontier populations resisted state biopolitics, there remains a significant analytical gap regarding how this post-colonial, technocratic framework handles male reproduction—specifically vasectomy. The state's archaic tendency to utilise coercive and transaction-based population control, such as tying social assistance (BANSOS) to vasectomy participation, echoes the "primitive" biopolitical control of the New Order era. By looking through a decolonial lens and Jasser Auda's systems approach, this study fills this gap by analysing how these outdated, colonial-rooted state controls over male bodies are currently constructed, institutionalised, and contested within the localised religious landscape of West Java.

The second theme is related to decoloniality and social construction of reproductive norms. To untangle the complexities of male contraception regulations in Indonesia, this study bridges the sociology of knowledge with decolonial legal theory. Using Peter L. Berger and Thomas Luckmann's theory of social construction, reproductive norms are understood not as natural or fixed realities, but as products of human activity that undergo a threefold dialectical process: externalisation, objectivation, and internalisation (Berger and Luckmann 2016).

In the Indonesian context, this social construction is heavily entangled with a colonial and post-colonial legacy. The state's legal framework and bureaucratic mechanisms—historically rooted in Western colonial models of governance—have externalised a specific form of "reproductive governance" that prioritises technocratic, top-down demographic control over individual bodily sovereignty. Over decades, these institutional designs have achieved "objectivation"; they have become reified into objective, unquestioned legal realities, such as codified statutes and target-driven family planning programmes that define what a "prosperous family" (*Keluarga Sejahtera*) should look like (Nafis 2009).

However, through a decolonial lens, this objectified legal structure reveals what Quijano terms the "coloniality of power". Even after formal independence, the post-colonial state continues to deploy colonial-style biopolitical control, treating the bodies of its citizens, particularly marginalised or economically vulnerable populations, as targets for demographic engineering (Quijano 2000). This is evident when state agencies resort to coercive, transaction-based

measures, such as linking access to social assistance (BANSOS) with participation in the vasectomy programme. Within the social constructionist framework, such primitive policies represent an aggressive attempt by the state to force the "internalisation" of state-sanctioned reproductive norms onto vulnerable men by exploiting their economic precarity.

By applying a decolonial methodological approach alongside Berger and Luckmann's theory, this section deconstructs how these coercive regulations were institutionalised in Indonesia's positive law. It examines how these norms are continuously contested at the grassroots level when they clash with alternative, localised epistemologies. When the state attempts to objectify human bodies as mere demographic numbers through outdated laws, it triggers a crisis of legitimacy, particularly when these constructed norms violate the deeply held religious and ethical values internalised by the community.

The third theme is related to Islamic jurisprudence, vasectomy, and *sharī'ah al-sharī'ah*. The discourse surrounding male contraception within Islamic jurisprudence (*fiqh*) has historically been dominated by a formalistic and literalist approach to classical texts. For decades, traditional Islamic rulings heavily contested the permissibility of vasectomy, often equating male sterilisation with permanent bodily mutilation (*ikhsa'*) or an unlawful disruption of God's creation, which is strictly prohibited in conventional jurisprudence (2020 فريدة).

In Indonesia, this tension is exemplified by the dynamic shifts in the fatwas issued by the Indonesian Ulema Council (MUI). Initially, classical rulings imposed a strict ban on vasectomy due to its perceived irreversibility (MUI 2012). However, as medical technologies advanced to allow for vasovasostomy (reversal surgery), religious authorities began to accommodate the practice under stringent conditions, shifting the debate toward whether the procedure could guarantee the restoration of fertility. While this adaptive stance demonstrates some degree of flexibility, conventional legal reasoning (*ushul al-fiqh*) in Indonesia still largely operates within a text-centric, halal-versus-haram binary that focuses narrowly on the physical mechanics of the procedure rather than its broader socio-political implications.

To transcend the limitations of this traditional legal reductionism, this study employs the holistic *Systems Approach* to *Maqāṣid al-sharī'ah* (the higher objectives of Islamic law) pioneered by Jasser Auda. Auda's framework conceptualises Islamic law not as a static collection of isolated literal commands, but as an open, dynamic, and purposeful system designed to foster human well-being. Under

this approach, the traditional preservation of progeny (*ḥifẓ al-nafs*) and preservation of life (*ḥifẓ al-nafs*) are deconstructed and elevated from simple biometric or procreative obligations into comprehensive principles of human rights, reproductive justice, and human dignity (*karamah*). A systems analysis shifts the jurisprudential gaze from the physical body of the individual man to the entire governance system that regulates his reproduction.

Consequently, when evaluated through Auda's systems approach, coercive state mechanisms, such as leveraging poor families' economic precarity by tying social assistance (BANSOS) to vasectomy participation, cannot be validated by a simple *fiqh* ruling on whether vasectomy is medically reversible. Instead, a systemic *Maqāṣid* evaluation reveals that such policies fundamentally violate the core Islamic principles of justice (*'adalah*) and human dignity (*karamah*). By exploiting poverty to achieve demographic targets, the state turns a mechanism intended for public welfare into an instrument of systemic coercion. Therefore, the integration of Jasser Auda's framework provides a crucial decolonial tool to critique Indonesia's positive law, demonstrating that reproductive governance must be aligned with the holistic, justice-orientated objectives of *Sharī'ah* rather than archaic, technocratic state control.

The contemporary framing of "responsible reproduction" in Indonesia cannot be understood apart from its colonial origins in Cold War-era population control regimes. Indonesia's National Family Planning Coordinating Board (BKKBN), established in 1970 with direct presidential authority under Suharto's authoritarian *New Order*, emerged not from indigenous concerns about reproductive health but from Western donor anxieties about "population explosion" threatening capitalist development in the global south (Project 2019). This "reproductive imperialism" constructed Indonesian women's bodies as sites of demographic management, with male contraception remaining peripheral precisely because women's fertility, not shared reproductive responsibility, was constituted as the object requiring control (Lim, n.d.).

Within this colonial-biopolitical architecture, Islamic legal reasoning has been systematically subordinated to technocratic demographic rationalities (Karim and Yusup 2023). In the classical approach, *maqāṣid* is usually centred on the five main objectives of the *sharī'*ah (*ḥifẓ al-dīn, al-nafs, al-'aql, al-nasl, and al-māl*). The systems approach does not reject those goals but views them as part of a broader and dynamic network of goals. In other words, Islamic law does not

only aim to protect something but also to develop and advance the quality of human life (development and rights).

The systems approach requires analysis through six system characteristics: first, cognitive nature. Fiqh is the result of human understanding of the text, not the text itself. Because it is a product of human ijtihad, *fiqh* is always open to evaluation and renewal. Second, wholeness. A problem should not be viewed partially. Verses, hadith, and social reality must be understood comprehensively so as not to produce fragmented conclusions. Third, openness. The Islamic legal system must be open to changes in time, science, and societal conditions. Fourth, Interrelated Hierarchy. The various objectives of *sharī'ah* do not stand alone. The protection of religion, life, intellect, descendants, and property influences each other and cannot be rigidly separated. Fifth, multidimensionality. Legal issues do not only have a single dimension of halal-haram. It must consider social, economic, political, health, psychological, and other aspects. Sixth, Purposefulness (Orientation to Goals). The primary focus of law is the achievement of the objectives of *sharī'ah* (*maqāṣid*), not merely the literal application of the text. Legal assessment must consider whether a policy truly achieves the public interest (Auda 2008).

This study attempts to identify provisions within Indonesia's positive law regarding vasectomy that are considered obsolete and no longer relevant for contemporary implementation. Applying the systems approach proposed by Jasser Auda's Islamic thought, this research examines which aspects of the currently implemented provisions require decolonisation.

Method

This study employed two main perspectives: *first,* a socio-legal research methodology grounded in qualitative inquiry to examine the complex interplay between legal frameworks, religious interpretations, and societal attitudes surrounding male contraception policy in Indonesia (Travers; 2005). *Second,* as a point of full commitment to epistemic justice and the recognition of alternative knowledge systems operating under and against colonial power structures, this study also employed decolonial methodology, but not as a research technique.

This study adopts Berger and Luckmann's theory of social construction to understand how reproductive norms are produced and institutionalised. Social construction, in this context, refers to the process through which meanings and realities are created through social interaction, while objectivation denotes the

stage at which these meanings become institutionalised as taken-for-granted realities. This framework enables the analysis of how reproductive policies are not merely imposed but socially negotiated and legitimised.

This study is designed as a qualitative, doctrinal and critical socio-legal research that focuses on textual and discourse analysis rather than the evaluation of enforced statutes. By examining law in its formative and contested stages, the study utilises three interconnected approaches to unpack the complexities of reproductive governance. The decolonial methodological approach is employed to dissect the colonial remnants, coercive tendencies, and technocratic biopower embedded within the text of the proposed policy. Concurrently, Peter L. Berger and Thomas Luckmann's social construction theory is applied to analyse how reproductive norms were attempted to be institutionalised—namely externalised and objectified—by policymakers through the policy draft, and why this construction ultimately collapsed during the discourse stage. To provide an alternative normative framework, Jasser Auda's systems approach to *Maqāṣid al-sharī'ah* serves as the core Islamic epistemological tool to evaluate the systemic flaws of the proposed policy and to demonstrate its incompatibility with the higher objectives of Islamic justice and human dignity.

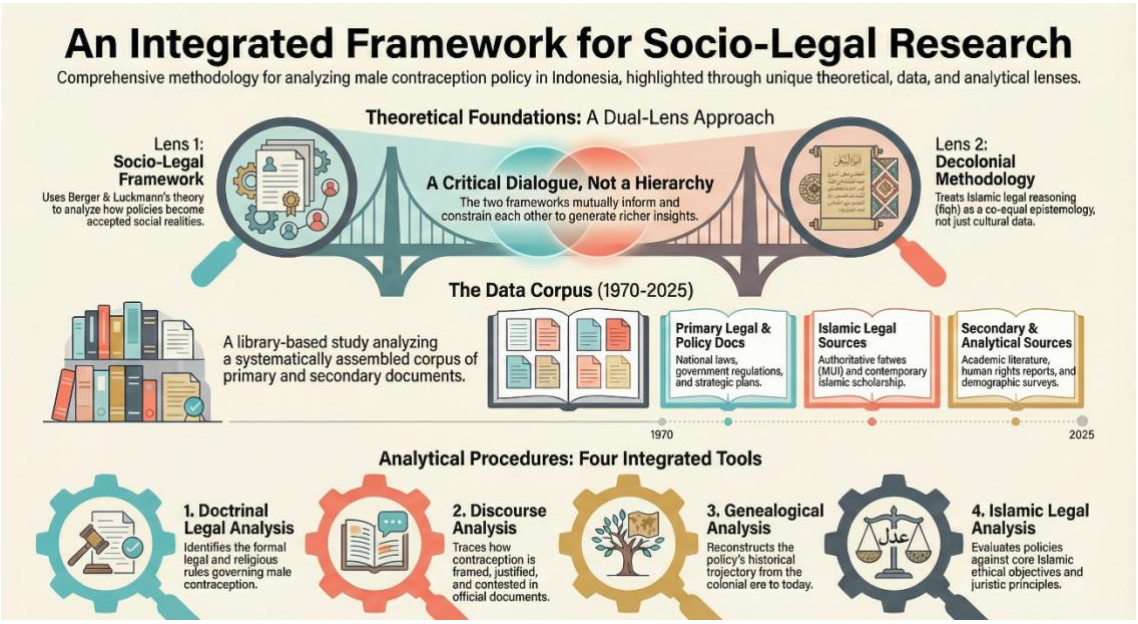
The scope of this research is strictly bounded to the policy discourse surrounding male contraception and vasectomy in West Java, Indonesia. Specifically, the study analyses the written reports, policy drafts, and documented public debates concerning the contested and ultimately aborted proposal to link social assistance (BANSOS) with participation in the vasectomy programme. The geographic locus of West Java is highly significant because it represents a major demographic target for state population control, yet simultaneously possesses a vibrant sphere of Islamic intellectual and religious authority that heavily influences local policy outcomes. Because this study does not rely on field-based empirical data such as interviews or observations, it depends entirely on secondary and documentary data sources. These materials consist of primary legal and policy documents, including the written reports and official proposals concerning the BANSOS-vasectomy linkage discourse in West Java, as well as national and regional regulations concerning family planning, population governance, and male sterilisation in Indonesia. Additionally, the study incorporates secondary materials such as documented responses and official statements from local religious authorities, relevant Islamic legal texts including conventional MUI fatwas on vasectomy, literature on Jasser Auda's

systems approach, and academic scholarship on biopower and reproductive governance in Indonesia.

The documentary data gathered in this study were analysed using critical discourse analysis (CDA) and qualitative content analysis through a systematic multi-stage process. First, a textual deconstruction of the policy drafts and written reports was conducted to identify the underlying logic of demographic control, focusing specifically on text indicators of coercive biopower and technocratic governance. Next, using Berger and Luckmann's socio-legal framework, the analysis mapped how policymakers attempted to construct a new objective reality by tying welfare to bodily intervention and how this text collided with the internalised values of the Muslim community. The proposed policy discourse was then evaluated as an open system using Jasser Auda's framework to examine whether the mechanisms proposed in the text aligned with or violated the core *Maqāṣid* principles of justice and human dignity. In the final stage, these text-based findings were synthesised to explain the underlying causes behind the policy's failure to materialise, demonstrating that its collapse was fundamentally driven by its outdated, colonial-style technocratic nature, which proved entirely irreconcilable with Islamic systemic values.

Image 1

Research Framework, Data Corpus and Procedures



Source: self-generated image

The research utilised Peter L. Berger and Thomas Luckmann's social construction of reality framework (Berger and Luckmann 2016) as the primary theoretical lens, complemented by Islamic legal analysis methodologies to understand how reproductive governance operates within Indonesia's pluralistic legal and religious context.

The social construction framework was selected because it provides a robust mechanism for analysing how legal norms become institutionalised through dynamic interactions between state institutions, religious authorities, and public discourse. Specifically, the framework's three-stage dialectical process, externalisation (creation of cultural products and policies), objectivation (treatment of policies as independent social facts), and internalisation (acceptance of policies as unquestionable social realities), enabled the research to trace how male contraception policies are constructed, legitimised, and contested within Indonesian society. This approach allowed the researchers to move beyond traditional doctrinal legal analysis to examine law-in-action and the social processes through which legal meanings are negotiated and contested.

Besides Berger and Luckmann's theory, this study also employs decolonial methodology not merely as a research technique but as a commitment to epistemic justice and the recognition of alternative knowledge systems operating under and against colonial power structures (Thambinathan and Kinsella 2021). Rather than treating Indonesian Islamic socio-legal deliberation as empirical data to be analysed through Western theoretical frameworks, the conventional applied-science model where the global south serves as a testing ground for Northern theories, it positioned *fiqh-based* reasoning as a co-equal epistemology capable of generating original theoretical insights about reproductive governance.

This decolonial stance operates on three levels: epistemically, by asserting that Islamic legal reasoning and communal deliberation constitute valid modes of knowledge production, not merely cultural preferences requiring accommodation; (Mutongoza 2025) methodologically, by integrating Islamic legal analysis alongside social construction theory as parallel interpretive frameworks rather than subordinating one to the other; and politically, by contributing to the definition of "epistemic justice" in global health and reproductive governance, challenging the structural inequalities whereby global south knowledge systems are systematically marginalised in favour of Western biomedical and demographic expertise (Kaur et al. 2023).

From Policy Analysis to Epistemic Intervention

This study set out to examine Indonesian male contraception policy through a decolonial lens, exposing how colonial legacies continue to structure reproductive governance even in the post-authoritarian, nominally "rights-based" policy environment. Rather than offering technocratic recommendations for improving male contraceptive acceptability, its analysis contributes to ongoing global efforts to decolonise sexual and reproductive health by demonstrating how Indonesian Islamic legal reasoning operates as a counter-epistemology that both critiques and offers alternatives to Western-dominated population governance.

The contrast between West Java Governor Dedi Mulyadi's welfare-conditional vasectomy proposal and BKKBN Chief Dr Hasto Wardoyo's incentive-based national programme is not merely a policy choice between coercion and voluntarism; it is fundamentally a clash between competing epistemologies of reproductive responsibility rooted in colonial biopolitics versus *maqāṣid*-based ethical reasoning.

Exposing the Persistence of Colonial Biopolitics in "Modern" Reproductive Governance

The first contribution of this study is to demonstrate that despite rhetorical shifts from explicit "population control" to "rights-based family planning", Indonesian reproductive governance remains structured by colonial biopolitical logics that position fertility as a variable to be optimised for development (VOA Indones. 2024). West Java's proposal to condition social assistance on vasectomy exemplifies this persistence: poor people's reproductive bodies become sites for state intervention not out of concern for their reproductive justice, but as instruments for managing fiscal pressures and demographic indicators. Even Hasto's more progressive incentive-based approach, while materially superior in respecting voluntary participation, continues to measure programme "success" primarily through quantitative acceptor numbers and contribution to national fertility targets rather than through transformations in gendered power relations or substantive reproductive autonomy.

This analysis exposes what is called the "coloniality of knowledge" in global health: the persistence of colonial power structures that render global south reproductive bodies as objects of international development management rather than subjects capable of articulating their own reproductive futures (Churchill 2012). It reveals how even well-intentioned "incentive-based" policies remain

embedded in an architecture inherited from Cold War population control, where USAID, the World Bank, and other global north institutions structured the problem of "overpopulation" in ways that justified continuous intervention in the reproductive lives of poor, rural, and marginalised populations (Landolt 2007). Recognising this genealogy is essential for distinguishing between reforms that merely reconfigure mechanisms of biopower versus those that genuinely interrupt and reimagine reproductive governance.

Recuperating Islamic Fiqh as Counter-Epistemology to Demographic Reductionism

The second epistemic contribution is the recuperation and foregrounding of Islamic legal reasoning (*fiqh*) as a counter-epistemology that resists the reduction of reproduction to demographic targets and insists on embedding contraceptive decisions within thick ethical frameworks. The evolution of MUI fatwas on vasectomy, particularly the 2012 ruling that reframes the procedure from absolutely prohibited to conditionally permissible, does not represent mere "adaptation" of Islamic law to modern circumstances, but rather an exercise of *ijtihād* that evaluates contraceptive practices through *maqāṣid*-based reasoning orientated toward protection of life, prevention of harm, and respect for relational autonomy (MUI 2012).

By insisting on reversibility, informed spousal consent, serious legitimate cause, and case-by-case ethical assessment rather than mass-campaign incorporation, the fatwa performs a decolonial function: it interrupts the epistemic authority of global population control discourse by re-centring reproduction within an Islamic ethical universe where bodies are understood as *amānah* (trusts from God) embedded in relationships of mutual obligation, not as neutral technical objects available for unlimited state optimisation. This alternative ontology of the body, as relational, divinely entrusted, and ethically constrained, challenges the liberal individualism and utilitarian calculus that underpin Western reproductive governance frameworks (Muhyiddin 2014).

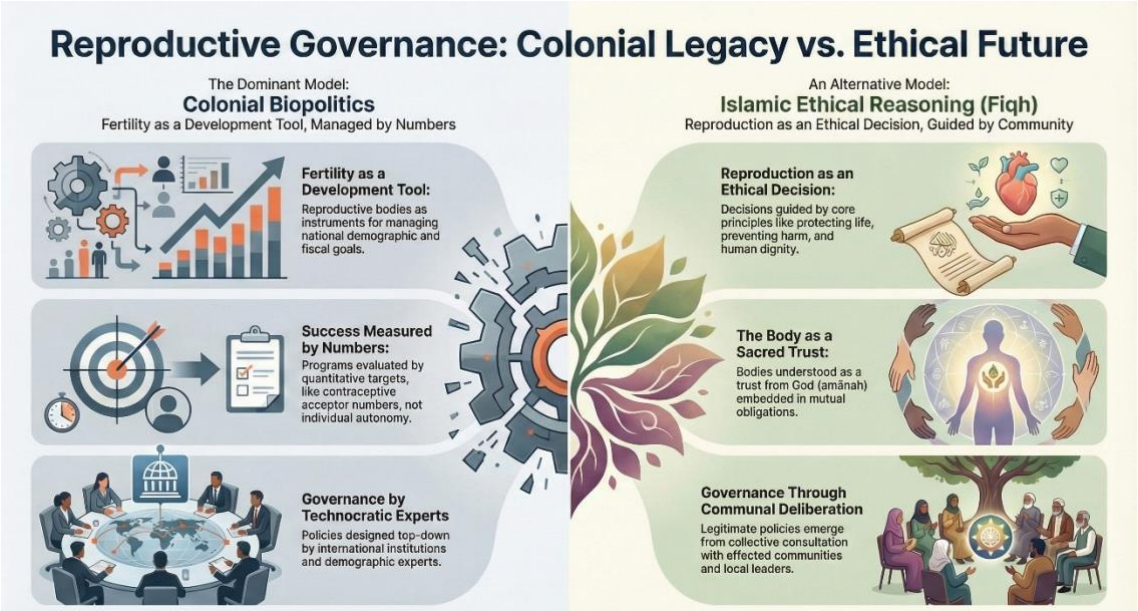
Critically, *fiqh-based* deliberation does not operate as a mere "cultural legitimiser" for existing policies but as an independent norm-setting practice capable of evaluating and rejecting policy instruments on ethical grounds. When MUI and other Islamic authorities reject welfare-conditional vasectomy as violating Islamic principles of human dignity and non-coercion, they are not offering "local resistance to external imposition"; they are articulating an

alternative legal rationality with epistemological standing equal to that of demographic science or biomedical expertise (Kahfilani et al. 2024).

Advancing Epistemic Justice in Global Health Ethics and Reproductive Governance

The third contribution is operational: this study advances epistemic justice in global reproductive health by demonstrating the necessity of recognising diverse epistemologies as co-constitutive sources of knowledge about reproductive governance, rather than as context-specific variables to be integrated into pre-existing Western frameworks. As Pratt (2023) (Pratt and Vries 2023) argue, epistemic justice in global health ethics requires attending to three dimensions: who is producing knowledge, what theories and concepts are being applied, and whose voices are recorded and used to generate knowledge. This study explicitly addresses the second dimension, the hegemony of demographic, biomedical, and economic theories in reproductive governance, by insisting that Islamic legal reasoning, communal deliberation practices, and lived experiences of reproductive injustice are equally valid sources from which to theorise reproductive responsibility (Kaur et al. 2023).

Image 2
Discussion and Results



Source: Self-generated image

The findings of this study suggest that Islamic legal reasoning can function as an epistemic intervention that challenges dominant technocratic paradigms.

Rather than merely legitimising state policies, religious discourse can reframe reproductive governance by incorporating ethical, social, and contextual considerations that are often absent in purely technocratic approaches.

The participatory, deliberative nature of *fiqh-based* decision-making on vasectomy, conducted through *ijtima* assemblies, communal consultation, and responsiveness to lived contexts, offers a conceptual model of epistemic pluralism in reproductive governance that resists both coercive state management and individualised neoliberal "choice". Rather than a binary between "population control" and "reproductive rights", Indonesian Islamic socio-legal reasoning reveals a third option: reproductive ethics grounded in communal consultation, harm prevention, and sacred stewardship of the body and lineage.

Reconceptualising Male Participation Beyond Demographic Targets

The title of this study, Decolonising Reproductive *Fiqh*, is deliberate: it is not merely applying Islamic law to a predetermined policy problem but using the resources of Islamic jurisprudence to decolonise how it conceptualises reproductive governance itself (Nabilah et al. 2025). This has direct implications for how it understands "male participation" in family planning. In demographic and development discourse, male participation is valued instrumentally as a means to accelerate fertility decline or share the contraceptive burden. By contrast, a *fiqh-based* framework asks: what are the ethical conditions under which male participation in contraception can be genuinely just?

The answer, according to Indonesian Islamic jurisprudence, is not "more male contraceptors" (a quantitative target), but voluntary, informed, harm-preventing participation embedded in spousal consultation and grounded in legitimate reasons (*asbāb shar'iyyah*) (Sinulingga et al. 2025). This reframing suggests that "successful" male contraception policy is not measured by vasectomy numbers but by whether men and women together are able to make reproductive decisions that reflect their values, respect their bodies' integrity, and respond to their actual circumstances, without coercion, conditionality, or reduction to demographic variables (ResearchGate, n.d.).

For scholars, policymakers, and activists engaged with reproductive governance in the global south, this study models what decolonial scholarship entails: the willingness to centre indigenous, religious, and locally rooted epistemologies not as data, but as sources of theory; the commitment to expose

and contest the colonial genealogies that continue to shape even "modern" policy architectures; and the recognition that epistemic justice is inseparable from reproductive justice. Decolonial scholarship does not mean rejecting Western knowledge or scientific evidence. Rather, it means asserting that no single epistemology—whether demographic science, biomedics, or Islamic law—holds monopoly authority over reproductive governance; instead, legitimate policies must emerge from respectful dialogue among equal epistemologies, grounded in the lived experiences and ethical commitments of affected communities.

Fiqh as Counter-Epistemology in Reproductive Governance

Islamic jurisprudence (*fiqh*) on male contraception in Indonesia does not merely function as a cultural constraint to be managed within state family planning programmes; it operates as an alternative legal rationality that contests the colonial and technocratic epistemologies governing reproduction. (Fiqh Online 2024)

While state policies often reflect technocratic rationalities, it would be reductive to assume that Islamic jurisprudence is uniformly subordinated to such frameworks. Existing scholarship shows that *fiqh* in Indonesia is plural, dynamic, and contextually responsive. Therefore, this study situates Islamic legal reasoning as an active and diverse interpretive field that interacts with, rather than simply follows, state policy.

Rather than treating *Sharī'ah*-based reasoning as a secondary, context-specific add-on to universalised biomedical and demographic norms, this section foregrounds *fiqh* as a counter-epistemology that offers distinct conceptions of bodily autonomy, reproductive responsibility, and state authority over fertility.

Fiqh as Alternative Legal Rationality

Islamic legal thought approaches contraception through a normative framework structured by the objectives of *Sharī'ah* (*maqāṣid al-sharī'ah*), especially the protection of life (*ḥifẓ al-nafs*), lineage (*ḥifẓ al-nafs*), and religion (*ḥifẓ al-dīn*), rather than through demographic targets or cost–benefit calculations. (Nabilah et al. 2025) Classical and contemporary jurists have generally permitted reversible contraception under certain conditions, such as mutual spousal consent, absence of harm, and legitimate reasons, while reserving stricter scrutiny for permanent sterilisation methods like vasectomy. This structure reflects a legal rationality that evaluates reproductive interventions in terms of ethical purposes and

relational obligations, not merely individual preferences or state development goals.

Image 3
Fiqh as an Analytical Tool



Source: Self-generated image

Within this framework, bodily autonomy is not conceptualised as absolute individual control over a self-owned body, but as stewardship (*amānah*) over a body entrusted by God and situated within a network of obligations to family, community, and future generations. Decisions about contraception, including male methods, are therefore juridically framed as acts of joint deliberation and ethical responsibility rather than as isolated exercises of individual choice, challenging liberal models of reproductive rights that marginalise communal and metaphysical dimensions of decision-making (Aslati et al. 2024).

To demonstrate how *fiqh* produces analytical categories that reshape understanding of reproductive governance (rather than merely offering ethical constraints), this study deploys four key Islamic legal concepts as analytical tools, not just normative considerations, throughout the analysis:

Amānah (divine trust) functions analytically to expose how Western reproductive governance treats bodies as property subject to individual sovereignty and cost-benefit optimisation, whereas the *amānah* framework positions bodies within networks of relational obligation that cannot be reduced to individual choice or state management (Aslati et al. 2024). This analytical lens reveals that policies conditioning welfare on vasectomy violate not just "cultural values" but a fundamentally different ontology of bodily integrity.

Shūrā (consultation) operates analytically to distinguish between procedural inclusion (token community engagement in pre-designed programmes) and substantive deliberation (communal processes that can modify or reject policy instruments) (Irawaty et al. 2020). Analysing BKKBN's religious engagement through the *shūrā* lens exposes whether Islamic authorities function as legitimisers or as independent norm-setters with veto power.

Ḥifẓ al-nafs (protection of lineage) provides an analytical category that is irreducible to either "population control" or "reproductive rights". Unlike demographic framings (fertility as variable to optimise) or liberal rights framings (reproduction as individual choice), *ḥifẓ al-nafs* positions reproduction within intergenerational continuity and communal flourishing, enabling critique of both state demographic engineering and atomised individualism (Nabilah et al. 2025).

Darʾ al-mafāsid (prevention of harm) functions analytically to reframe "informed consent" beyond procedural checkbox compliance. The *mafāsid* framework requires assessing harm across multiple dimensions – physical, relational, spiritual, and communal – that biomedicine does not recognise, thereby exposing how narrowly "harm" is defined in Western reproductive health frameworks (Sinulingga et al. 2025).

By foregrounding these concepts as analytical categories rather than cultural variables, the study demonstrates *fiqh*'s capacity to generate original theoretical insights about reproductive governance, fulfilling the decolonial commitment to treating Indonesian Islamic thought as a source of theory, not merely an object of analysis (Pratt and Vries 2023).

Communal Deliberation and Shūrā as Epistemic Practice

The 2012 MUI vasectomy ruling emerged from an *ijtima* process that convened fatwa experts from MUI, national Islamic organisations, pesantren, and *Sharī'ah* faculties to collectively deliberate medical evidence, demographic data, and scriptural sources (MUI 2012). This method of knowledge production, grounded in *shūrā* (consultation), institutionalised debate, and recognition of legitimate juristic disagreement (*ikhtilāf*), constitutes an epistemic practice that differs fundamentally from the technocratic, expert-driven modes of decision-making that characterise global family planning governance. Rather than treating medical specialists or demographers as sole authorities, the process situates biomedical knowledge within a pluralistic interpretive community that tests policy proposals against ethical objectives derived from revelation and juristic tradition.

Such communal deliberation decentres the universalising claims of Western scientific rationality by asserting that legitimate reproductive governance must be answerable not only to statistical indicators, but also to religiously inflected moral vocabularies and communal experiences of justice. As a result, Indonesian *fiqh-based* reasoning on male contraception does not simply supply "local legitimacy" to pre-designed programmes; it functions as a counter-hegemonic knowledge practice that can accept, modify, or outright reject policy instruments, such as coercive vasectomy conditions, when they conflict with Islamic conceptions of human dignity, family integrity, and non-coercive reproductive responsibility.

From a decolonial perspective, one of the most significant features of Indonesian *fiqh* on vasectomy is its refusal to treat the male reproductive body as a purely technical object available for unlimited optimisation by the state (Azhari 2012). The strict conditions imposed on vasectomy permissibility, particularly the rejection of its inclusion in "*Kontrasepsi Mantap*" (PKMI, n.d.) mass campaigns and the insistence on case-by-case ethical evaluation, directly contest biopolitical strategies that seek to govern populations by reshaping reproductive behaviour through incentives, conditional welfare, or surgical interventions. In this view, the male reproductive body is not a neutral site for demographic engineering but a locus of divine trust and shared marital responsibility that cannot be subordinated to poverty reduction metrics or social assistance eligibility criteria (Salma 2025).

This resistance becomes especially visible when juxtaposing *fiqh-based* critiques of coercive vasectomy proposals, such as requiring the procedure as a condition for receiving social assistance, with the more permissive stance towards voluntary, informed, and medically justified procedures. While both state policy and Islamic law may endorse limiting births under certain circumstances, *fiqh* insists on modes of limitation that preserve agency, protect from harm, and uphold marital consultation, thereby exposing the coloniality of policy designs that target the reproductive capacities of the poor as levers for macroeconomic management (Karjula, n.d.).

Colonial Genealogy of Family Planning in Indonesia

From Neo-Malthusian Anxiety to National Population Governance

Indonesia's family planning programme emerged in the late 1960s at the intersection of Cold War geopolitics, neo-Malthusian population anxieties, and

an authoritarian development regime, rather than from an internally generated discourse on reproductive justice. With total fertility above five children per woman and rapid population growth, international institutions framed Indonesia as a critical testing ground for large-scale population control, positioning fertility reduction as a precondition for economic stability and political order in the global south (Fitriana 2015).

Following the establishment of a quasi-governmental family planning entity in 1968, the Indonesian government requested external assistance, resulting in a UN–WHO–World Bank mission that recommended a national family planning programme focused initially on Java and Bali with a target of six million new acceptors by 1976. In 1970, the National Family Planning Coordinating Board (BKKBN) was created with direct presidential backing, and by the early 1970s, family planning had been fully integrated into national development planning, with fertility reduction embedded in the Pelita (Five-Year Development Plans) as a strategic instrument of demographic engineering (Rahayu et al. 2023).

Donor-Driven Architectures of Population Control

External financing and expertise played a decisive role in shaping Indonesia's family planning architecture, embedding colonial and neo-colonial logics of population control within national institutions. Between 1968 and the early 1990s, USAID alone channelled hundreds of millions of dollars in grants and commodities to support Indonesia's family planning infrastructure, including clinic construction, contraceptive procurement, training, and communication campaigns. The World Bank's population projects similarly provided loans for service and training facilities, transport, evaluation studies, and mass communication efforts, explicitly linking fertility reduction to macroeconomic performance and framing family planning as a central input to development (UNFPA Indonesia 2012).

Although international donors such as USAID and the World Bank have played significant roles in shaping Indonesia's family planning programmes, these influences are mediated through local institutions such as BKKBN and regional governments. As a result, global policy frameworks are not simply imposed but are negotiated, adapted, and institutionalised within local socio-political contexts.

These financing arrangements did more than fill budgetary gaps; they institutionalised a particular problem framing in which "overpopulation" was

treated as a technical obstacle to growth, best addressed through expert-designed interventions that targeted women's fertility behaviour. Within this paradigm, Indonesian bodies, especially those of poor, rural, and indigenous women, were rendered intelligible primarily as units in demographic projections and cost–benefit analyses, rather than as rights-bearing subjects capable of articulating their own reproductive priorities (Frans and Djasri 2023). This externalised architecture constitutes what scholars have termed "reproductive imperialism," whereby population policies in the global south serve geopolitical and economic interests structured by colonial power relations.

New Order Biopolitics: "Two Children Are Enough"

Under Suharto's *New Order*, family planning became a central instrument of biopolitical governance, with the slogan *"Dua Anak Cukup"* ("Two Children Are Enough") encapsulating the state's attempt to normalise small family ideals through pervasive social engineering. BKKBN's program combined mass communication, community mobilisation, and administrative pressure to produce fertility decline, employing village-level targets for contraceptive acceptors, integrating family planning messages into women's organisations and local governance structures, and closely monitoring program performance through a vertically integrated bureaucracy (Database Peratur. JDIH BPK, n.d.).

Although often celebrated as a "success story" for halving fertility within three decades, the *New Order* family planning programme has been widely critiqued for its coercive dimensions, including reports of pressure on women to accept long-acting methods, conditional access to services and benefits, and the use of local elites to enforce compliance. The programme's design reflected Foucault's notion of biopolitics, managing the life and reproduction of populations through techniques that operate at the level of both bodies and aggregates, whereby women's bodies were disciplined in the name of "modernisation" and "family welfare "(Lorenzini 2023). Crucially, male contraceptive methods remained marginal, reinforcing a gendered biopolitics in which women bore the primary burden of fertility regulation while men were positioned as decision-makers rather than contraceptive users.

Post-Reformasi Continuities: From Coercion to "Rights-Based" Management

The political transition after 1998 and the adoption of Law No. 52 of 2009 on Population Development and Family Planning are often narrated as a shift from coercive population control to rights-based family planning, emphasising

informed choice and reproductive health (Kependudukan dan Perkawinan, n.d.). However, a closer reading reveals significant continuities in how reproduction is problematised and governed: fertility remains framed as a variable to be optimally managed for development, with demographic indicators such as Total Fertility Rate and dependency ratios continuing to serve as primary metrics of policy success. Donor discourse has likewise shifted from overt "population control" to language of "reproductive health" and "family welfare" while largely preserving the underlying assumption that state and international actors are entitled to reshape reproductive behaviours in line with macroeconomic and demographic objectives.

Within this rebranded framework, the idiom of "responsible reproduction" has come to displace explicit references to population control, yet it continues to locate responsibility primarily at the level of individual couples—especially women—who are expected to align their fertility with state developmental goals. Conditional cash transfer schemes and social protection programmes that implicitly or explicitly link benefits to reproductive behaviour reproduce older logics of governing the poor through their fertility decisions, even as they are presented in the language of empowerment and poverty reduction. Consequently, the move from "control" to "rights" often amounts less to a rupture than to a discursive recalibration of biopolitical strategies within a liberalised governance idiom (UNFPA Indonesia 2012).

Table 1
Contrasting Epistemologies of Reproductive Governance

Dimension	**Colonial / Global-North Population Governance**	***Fiqh-based* Reproductive Governance (Indonesian Context)**
Ontology of the body	Body treated as individual *property* and a technical object to be optimised for demographic and economic goals; reproductive capacity is a	Body understood as *amānah* (trust) from God, embedded in relations to family, community, and God; reproductive capacity is part of a moral trust, not merely a resource to be regulated.

	variable in population management models.	
Subject of decision-making	Emphasis on autonomous, rational individuals choosing among contraceptive options, often abstracted from family and community relations.	Emphasis on *relational autonomy*: decisions made through spousal consultation (*shūrā*) and consideration of wider communal and intergenerational obligations.
Primary policy objective	Reduction or optimisation of fertility to meet demographic targets (TFR, dependency ratios) and macroeconomic development goals; "responsible reproduction" framed as aligning fertility with state planning.	Realisation of *maqāṣid al-sharī'ah* (e.g. protection of life, lineage, faith) through context-sensitive case assessment; fertility regulation evaluated in terms of ethical purposes, harm prevention, and family welfare, not numeric targets.
Role of the state	Strong managerial role: state (often with donors) designs and drives behaviour-change campaigns, uses incentives/sanctions, and sets quantitative performance targets for providers and regions.	State ideally facilitates access to permissible options, ensures absence of coercion, and respects *Sharī'ah*-based constraints; ultimate legitimacy of interventions is tested against independent Islamic legal–ethical standards.
Position of religion / local norms	Religion is treated as context or a "barrier" to be managed via persuasion and branding so that communities	*Fiqh* is recognised (in principle) as a source of binding norms and interpretive authority; religious deliberation can affirm, modify, or reject

	accept pre-designed technical solutions.	policy instruments (e.g. coercive vasectomy) on ethical grounds.
Evaluation of vasectomy	Potentially desirable tool for achieving rapid fertility decline and poverty reduction among "high-risk" or "high-fertility" groups; can be linked to welfare conditionality or strong incentives in practice.	Presumptively prohibited as permanent sterilisation, but may be conditionally permissible when strict criteria are met (serious harm prevention, reversibility, informed consent, spousal agreement, case-by-case assessment), and must not be turned into a mass *"contracepsi mantap"* campaign.
Concept of responsibility	Responsibility equated with self-discipline to limit births in line with development agendas; poor families made responsible for macro-level "overpopulation" problems.	Responsibility is framed as a shared moral duty (*taklīf*) of spouses to balance fertility with capacity for just child-rearing, health, and communal welfare, under divine accountability; it cannot be reduced to compliance with state targets.
Knowledge authority	Demographers, economists, and biomedical experts occupy the epistemic centre; evidence is primarily quantitative, model-based, and orientated to aggregate population outcomes.	Jurists (*fuqahāʾ*), religious councils (e.g. MUI), and medical experts engage in *ijtihād* and *shūrā*; textual sources, *maqāṣid* reasoning, and lived experience are treated as co-constitutive of valid knowledge.

View of marginalised bodies	Bodies of the poor, rural, disabled, and racialised are often targeted as sites for "high-impact" fertility reduction, risking coercion and reproductive injustice.	Normatively, all bodies are bearers of dignity (*karāmah*) and rights under *Sharī'ah;* any policy that instrumentalises vulnerable groups' fertility for budgetary or demographic reasons is ethically suspect and may be ruled impermissible.

Conclusion

This study concludes that reproductive governance in post-authoritarian Indonesia, despite its rhetorical shift toward a "rights-based" framework, exhibits significant structural continuities with colonial and new order biopolitics. Through a decolonial socio-legal analysis of male contraception policy, particularly the aborted policy discourse in West Java that proposed tying social assistance (BANSOS) to vasectomy participation, this research exposes how the bodies of marginalised and economically vulnerable populations continue to be treated as technical variables to be optimised for macroeconomic targets.

By tracing the historical genealogy of family planning from its cold war, donor-driven architectures to contemporary incentive-based state programmes, this study reveals a persistent "coloniality of knowledge" in global health ethics, where success is primarily measured through quantitative acceptor numbers rather than substantive reproductive justice or transformations in gendered autonomy.

In response to this demographic reductionism, this study positions Indonesian Islamic legal reasoning (*fiqh*) not merely as a localised cultural variable, but as a sophisticated counter-epistemology with independent norm-setting authority. By operating through a holistic, systems-based approach to *Maqāṣid al-sharī'ah*, contemporary Islamic jurisprudence fundamentally challenges the liberal individualism and technocratic calculus that underpin Western population governance frameworks. The evolution of religious deliberations, such as the 2012 Indonesian Ulema Council (MUI) vasectomy fatwa, demonstrates how core Islamic legal concepts—namely *amānah* (divine trust), *shūrā* (consultation), *ḥifẓ al-nafs* (protection of lineage), and *dar' al-mafāsid*

(prevention of harm)—function as powerful analytical tools to reject the instrumentalisation of the male body by the state. When Islamic authorities reject welfare-conditional sterilisation on the grounds of human dignity (*karāmah*) and justice (*'adalah*), they articulate an alternative ontology of the body as a sacred, relational trust rather than a neutral object for demographic engineering.

Ultimately, this research offers an operational contribution to global reproductive justice by advancing the case for epistemic pluralism in global health ethics. Reconceptualising male participation through a *fiqh*-based framework shifts the metric of a "successful" policy away from quantitative vasectomy targets toward a qualitative evaluation of whether reproductive decisions are voluntary, informed, and mutually negotiated through spousal consultation, free from economic conditionality or state coercion. For scholars, activists, and policymakers in the global south, this study models a decolonial pathway that treats indigenous and religious epistemologies not merely as static data to be integrated into Western paradigms, but as valid sources of critical theory. True reproductive justice can only be realised when legitimate policy designs emerge from a respectful, egalitarian dialogue among co-constitutive sources of knowledge that remain deeply answerable to the lived experiences and ethical commitments of the communities they govern.

Declarations

Author Contribution Statement

Auliya Ghazna Nizami contributed to the conceptualisation, research design, data collection, and development of the research framework. Arjun Kamal Rusyda contributed to data analysis, interpretation of the findings, and revising of the manuscript. Both authors reviewed and approved the final version of the manuscript.

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analysis, arguments, interpretations, and conclusions were independently developed and verified by the authors. The authors take full responsibility for the accuracy, originality, integrity, and overall content of the manuscript, including the visual materials.

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