

ISLAM LAW REVIEW ABOUT APPLICATIONS OF CONTRACEPTION VASECTOMY AND TUBECTOMY METHODS TO MUSLIM COMMUNITY IN WEST SUMATERA

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Abstract

The population of Indonesia, the majority of whom are Muslims, automatically become participants in the Family Planning Program. The Family Planning Program has offered various contraceptives, some of which are allowed to be used by Muslims and those that are not. Contraceptive devices for Muslim women are IUD, Pills, Injectable Drugs, Implants, and other traditional methods, while those that are not allowed for Muslim women are Menstrual Regulation, Abortion, Ligasituba which binds the oviduct sac, and tubectomy, namely lifting the ovum place called the sterilization. Men can use condoms and vasectomy. Sterilization for both men (vasectomy) and women (Tubectomy) according to Islam is haram (forbidden) because it causes permanent infertility. Sterilization can be done if the family planning participant is at risk if using other contraceptive methods or other contraceptive methods fail to regulate birth. Based on the problems above, this study wants to reveal how the application of contraception devices for vasectomy and tubectomy by acceptors to the Muslim community of West Sumatra. Data was collected using documentation and interview techniques, while data analysis was carried out using qualitative descriptive techniques. The results of the study revealed that the use of vasectomy and tubectomy contraceptives was generally based on considerations of the wife's health and adjusted to the doctor's recommendations.

Keywords: Islamic Law, Contraceptive Devices, Muslim

Abstrak

Penduduk Indonesia mayoritas beragama Islam dengan sendirinya menjadi peserta program Keluarga Berencana Program Keluarga Berencana telah menawarkan bermacam-macam alat kontrasepsi, yang boleh dipakai oleh umat Islam ada pula yang tidak boleh. Alat kontrasepsi untuk wanita Islam adalah, IUD, Pil, Obat Suntik, Susuk dan cara-cara tradisional lainnya, sedangkan yang tidak boleh untuk wanita Islam adalah Menstrual Regulation, Abortus, Ligasituba yang mengikat saluran kantong ovum dan tubektomi yakni mengangkat tempat ovum yang disebut dengan sterilisasi. Laki-laki dapat memakai kontak kondom dan vasketomi. Sterilisasi baik untuk laki-laki (Vasektomi) maupun untuk wanita (Tubektomi) menurut Islam pada dasarnya haram (dilarang) karena mengakibatkan kemandulan yang tetap. Sterilisasi dapat dilakukan jika peserta KB beresiko jika memakai alat kontrasepsi lainnya atau alat kontrasepsi lain itu gagal mengatur kelahiran. Berdasarkan permasalahan di atas maka penelitian ini ingin mengungkap bagaimana penerapan alat kontrasepsi KB Vasektomi dan Tubektomi oleh aseptor pada komunitas Muslim Sumatera Barat. Pengumpulan data dilakukan dengan teknik dokumentasi dan wawancara, sedangkan analisis data dilakukan dengan teknik deskriptif kualitatif. Hasil penelitian

mengungkapkan bahwa pemakaian alat kontrasepsi vasektomi dan tubektomi secara umum didasarkan pada pertimbangan kesehatan istri dan disesuaikan dengan rekomendasi dokter.

Kata Kunci: *Hukum Islam, Alat Kontrasepsi, Muslim*

INTRODUCTION

Development Implementation in Indonesia is not only about physical development, but also about managing population growth, this is because uncontrolled population growth can result in delays in achieving the nation's welfare. Although normally one of the causes of uncontrolled population growth is a family where a husband and wife do not plan and manage the number of their children.¹ Marriage is a sunnah in Islam, part of Allah's laws in the world and also one of the sunnah from the Prophet that must be carried out by each of His people, both men and women, whether rich or poor. With marriage, arises a sense of affection between men and women so that they can continue the offspring between the two. This is illustrated in the Qur'an Ar-Rum ayat 21.²

Marriage is a legal action, it's an act that produce certain legal consequences, and the legal consequences are desired by the perpetrator of the act. The main legal consequence of marriage is the emergence of a legal relationship between husband and wife. In fact, the purpose of marriage is also contained in UU No. 1 year 1974 Pasal 1 "The purpose of marriage is forming a happy

and eternal family based on God Almighty." And also, in the compilation of Islamic law Pasal 3 "Marriage aims to create a household life that's supposed to be *sakinah, mawaddah and warahmah*."³ From these sources it can be interpreted that marriage brings us to happiness. It can be stated that the inner and outer bond is an important part of a marriage.

Furthermore, a marriage is also seen as an effort to create a happy life based on God Almighty's way of life. The bond of a marriage is not just to have neither an outer bond or an inner bond, but must be both. A birth bond is a bond that can be seen, namely the existence of a legal relationship between a man and a woman to live together as husband and wife and can also be called a formal bond. Meanwhile, the inner bond is an informal relationship, a bond that cannot be seen, but must be existed, because without an inner bond, the outer bond becomes fragile. So that's why Islamic Law about Family is a representation of the whole Islamic Law that grows and develops based on the literalistic classical paradigm.⁴

Related to the explanation above, one of the purposes of marriage is to have pious offspring. The expected offspring are healthy and guaranteed needs offspring. This means that the parents need to prepare for the birth of their sons and daughters well, such as birth spacing, economic readiness, and the

¹ Hamsah Hudafi, "Pembentukan Keluarga Sakinah Mawaddah Warahmah Menurut Undang-Undang Nomor 1 Tahun 1974 dan Kompilasi Hukum Islam," *ALHURRIYAH: Jurnal Hukum Islam* Vol. 6, No. 2 (2020): 172–181.

² Setia Handayani, Aidil Alfin, dan Dahyul Daipon, "Implementasi Undang-undang Nomor 1 Tahun 1974 Tentang Izin Poligami di Pengadilan Agama Bukittinggi (Studi Kasus Perkara Nomor 081/PDT.G/2013/PA.BKT dan Perkara Nomor 0328/PDT.G.2015/PA.BKT)," *ALHURRIYAH: Jurnal Hukum Islam* Vol. 04, No. 01 (2019): 83–97.

³ Elfiani, "Status Hukum Pernikahan yang Tidak Tercatat Menurut Undang-undang Perkawinan Indonesia," *ALHURRIYAH: Jurnal Hukum Islam* Vol. 1, No. 2 (2016): 127–262.

⁴ Edi Rosman, "Paradigma Sosiologi Hukum Keluarga Islam di Indonesia (Rekonstruksi Paradigma Integratif Kritis)," *Al-Manahij: Jurnal Kajian Hukum Islam*, Vol. 9, No. 1 1970: 51–64.

health of the soon to be mother. If those conditions are not being considered by the husband and wife, it is worried that the husband and wife will have too many children. Of course that will increase the number of population growth significantly.

One of the efforts to control population growth so that the welfare level of a country can be guaranteed is to promote contraceptive methods. There are obstacles in the choice of contraception, one of them is gender, where sometimes one of the parties, both male and female, does not participate. On the other hand, the confusion in contraception choosing is also due to lack of learning for the right type of contraception. Another thing is the fear that the effect of the contraceptive method will affect the satisfaction of the husband-wife sexual relationship.⁵

Since 1969, the Government of Indonesia in regulating the rate of population growth has established the “Keluarga Berencana/KB” (Family Planning) Program as a national program. Failure to implement the program will result to country’s development efforts become meaningless and can endanger future generations.⁶

“Keluarga Berencana” Program that being handled by “Badan Kependudukan dan Keluarga Berencana Nasional/BKKBN” (National Population and Family Planning Agency) is a form of human effort in order to overcome population problems through population control with the purpose of realizing a prosperous and happy family and

in order to achieve “Norma Keluarga Kecil Bahagia dan Sejahtera/NKKBS” (Happy Small and Prosperous Family Norm).⁷

The acceptance of the family planning concept is determined by public knowledge of “Keluarga Berencana (KB) which is motivated by considerations of morality, culture, religion and other factors. Sources of social values such as religion, belief, ideology, science and so on, become the guidelines for community members in determining how to obtain the elements of life.⁸

Considering the Indonesians who will succeed the “KB” program are majority of Muslims, then by itself the “Keluarga Berencana” program is expected to truly be able to serve the interests of Muslims and uphold Islamic values and strive to avoid conflicts in its implementation processes. This is because the development of modernity cultures, which also affects women's bodies and health, has focused on fatwas related to issues of concern to modernity advocates and Islamic authorities, namely birth control.⁹

The “Keluarga Berencana” program has offered a variety of contraceptive methods, and based on the opinion of the Islamic *Ulamasss* regarding the contraceptive methods that are allowed to be used by Muslims and those that are not allowed, which include withdrawal practices, female sterilization, male sterilization or vasectomy, abortion, birth control pills, intrauterine device (IUD), condoms, injections and

⁵ Dewi Setiawati dan Irmawati, “Pengaruh Penyuluhan dan Konseling terhadap Peranan Gender terhadap Pemilihan Metode Kontrasepsi Pasangan Suami-Istri dan Pengaruhnya terhadap Tingkat Kepuasan Seksual,” *Jurnal Kesehatan*, Vol. 10, No. 2 2018: 41–50.

⁶ A Rahmadhony, et al., “Politik Hukum Program Keluarga Berencana di Indonesia,” *Jurnal Hukum & Pembangunan*, Vol. 51, No. 3 (2021): 574–600.

⁷ Siti Latifa dan Ermi Suhasti Syafei, “Partisipasi Suami Melakukan Vasektomi,” *Al-Ahwal: Jurnal Hukum Keluarga Islam*, Vol. 7, No. 2 2014: 121–34.

⁸ Yuhedi dan Taufika Lucky, *Buku Ajar Kependudukan dan Pelayanan KB* (Jakarta: Penerbit Buku Kedokteran EGC, 2014), 23.

⁹ Published Taylor and Jeremy Menchik, “The Co-Evolution of Sacred and Secular: Islamic Law and Family Planning in Indonesia,” *South East Asia Research*, Vol. 22, No. 3 2014: 359–378.

traditional medicine. Meanwhile, the contraceptives that are allowed to be used for Muslim women are IUD, Pills, Injectable Drugs, Implants and other traditional methods, while those that are not allowed for Islamic women are Menstrual Regulation, Abortion, Ligasituba which binds the ovum sac tract and tubectomy, namely removing the ovum is called sterilization.¹⁰

In Indonesia, vasectomy application is one kind of option from the contraceptive options in the nationally “Keluarga Berencana” program, considered the only safe, reliable and inexpensive way to use for men. Vasectomy is a method of contraception for men through minor surgery using a surgical knife or without a knife to cut and bind the two seminal cell channels so that during intercourse, sperm cannot come out to fertilize the wife's egg so that pregnancy does not occur. It is clear that a vasectomy is different from other methods of contraception, which are generally temporary.¹¹

Internasional Planned Parenthood Federation (IPPF) do not recommend to its member countries including Indonesia to carry out sterilization as an option of contraception.¹² The Indonesian government has never officially recommended the Indonesian people to carry out sterilization in the “Keluarga Berencana” program because it is a result of sterilization and to respect the aspirations of Indonesian Muslims. Sterilization for both men (Vasectomy) and for women (Tubectomy) according to Islam is basically *haram* (forbidden) because it

causes permanent infertility.¹³ The Indonesian *Ulamasss* Council has decided that Vasectomy and Tubectomy are *Haram*.¹⁴

The use of those prohibited that contraceptive options (Vasectomy and Tubectomy) are allowed to Muslims in a state of necessity (emergency), such as to avoid the transmission of disease from the father or mother to the offspring that will be born or the mother's life is threatened if she is pregnant or gives birth, then sterilization is permitted. Jamil Muhammad Bin Mubarrak said the emergency was a very serious concern about the destruction of oneself or others.¹⁵

Sterilization can be done if the “Keluarga Berencana” participant is at risk if using other contraceptive methods or other contraceptive methods fail to regulate birth.¹⁶ The application of sterilization is sometimes considered more practical. Or because there is a target in the implementation of BKKBN tasks in 1994/1995. BKKBN Solok City targets application of sterilization only as many as 10 people per year.¹⁷

Based on preliminary research through data obtained from the BKKBN SUMBAR, it is learned that in 2017 in Padang the number of women who had been sterilized was 2,637 and male sterilization was 299 people, in Bukittinggi 421 women were sterilized and 60 men were sterilized, in 50 Kota Region women were sterilized. as many

¹³ Zuhdi, *Masail Fiqhiyah: Kapita Selekta Hukum Islam*.

¹⁴ Ma'ruf Amin dan Hijrah Saputra, *Himpunan Fatwa Majelis Ulama Indonesia Sejak 1975* (Jakarta: Sekretariat Majelis Ulama Indonesia, 2015), 600.

¹⁵ Muhammad Bin Mubarrak, *Nazhriyyatu Adldaruratu Aysyiar'yyatu* (Mesir: Darul Wafak, 1988), 25.

¹⁶ Dedi, “Wawancara Langsung Tentang Sterilisasi” (Padang, 13 September 2018).

¹⁷ BKKBN Solok, “Dokumentasi Penelitian” (Solok, Mei 1995).

¹⁰ Mahjuddin, *Masailul Fiqhiyah: Berbagai Kasus yang Dihadapi Hukum Islam Masa Kini* (Jakarta: Kalam Mulia, 1990), 62.

¹¹ Latifa and Syafei, “Partisipasi Suami Melakukan Vasektomi.”

¹² Masfuk Zuhdi, *Masail Fiqhiyah: Kapita Selekta Hukum Islam* (Jakarta: Haji Masagung, 1987), 64.

as 1,110 people and men as many as 128 people, in Tanah Datar 1,696 people sterilized women and 153 people. The application of female sterilization in Padang, Tanah Datar and Bukittinggi are in a high percentage, as well as male sterilization when compared to the use of several other contraceptives.¹⁸

Based on the data above, it is necessary to pay attention and it is interesting to study why in the midst of society whose majority are Muslim and society whose lives are based on "*Adat basandi Syara', Syara' basandi Kitabullah*", there are still many who use these contraceptive methods, the law of which is *haram* in Islam.

Based on the background above, the objectives of this research are to:

1. Knowing why in the midst of the Muslim society the application of "KB" Vasectomy and Tubectomy are acceptable and useable, what are the reasons for the acceptors?
2. Knowing how the acceptors' knowledge of Islamic Law regarding the application of Vasectomy and Tubectomy contraception methods?
3. Knowing whether acceptors seek information from "KB" workers or Islamic *Ulamasss* about Islamic law regarding the application of Vasectomy and Tubectomy contraceptives?
4. Knowing how far the "KB" workers knowledge about Islamic Law regarding the application of the Vasectomy and Tubectomy contraception devices?
5. Knowing whether the application of vasectomy and tubectomy contraception is due to practical considerations or an emergency

¹⁸ BKKBN Sumbar, "Dokumentasi Penelitian" (Sumatera Barat, 2018).

situation or not understanding the legal status, or because not taking into account the provisions of Islamic Law?

DISCUSSIONS

The results of this study reveal the application of "KB" Vasectomy and Tubectomy" contraception by acceptors to the Muslim society in West Sumatra.

1. Why in the midst of the Muslim society, "KB" Vasectomy and Tubectomy contraceptives are widely used, what are the reasons from acceptors to use them.

The application of vasectomy and tubectomy contraception by the acceptors is not a decision that is immediately made, but it's a process of thought and decision-making that takes time and is based on consideration by both the husband and wife.

Based on opinion by J Amalorparvanathan (a researcher at *Economic and Political Weekly*, India), that the application of contraceptive methods, such as vasectomy and tubectomy (except tubectomy in combination with caesarean surgery), laparoscopic or open, has limited indications of efficiency in reducing a country's birth rate.¹⁹

This opinion is in line with the facts in the field that were expressed by one of the acceptors when researcher asked what the reason was for deciding to apply the vasectomy contraception method, Mr. DMT (initials) explained that the desire to use the "KB" Vasectomy contraception was a consideration by his wife's health after going through a doctor's recommendation.²⁰ Mr. DMT also explained that his wife (in

¹⁹ J Amalorparvanathan, "Crime of Negligent Surgeries," *Economic and Political Weekly*, Vol. 49, No. 50 2014: 4-5.

²⁰ DMT, "Wawancara Langsung dengan Aseptor KB," 6 Juli 2019.

regulating the birth spacing of children) used injectable contraceptives and it was carried out for 3 years, but in reality, the injectable contraceptives were not successful for his wife and while using the injectable contraceptives the wife was still pregnant and gave birth. Based on the consideration of Mr. DMT wife's health, also after going through a discussion with an obstetrician, then he decided that has to do "KB" Vasectomy.²¹

In line with the opinion above, Mr. SN (initials), one of the vasectomy acceptors, added that his decision to use a vasectomy contraception was solely for reasons of his wife's health and the welfare of his wife and children and to support government programs. Mr. SN work as a civil servant in one of the local government agencies of Batusangkar Regency, since 2013 he has decided on a vasectomy or MOP. Previously, the wife, who is also a "KB" program worker, used spiral contraception, but in the condition where she was on the program, she was still pregnant, because of this, Mr. SN decided to have a vasectomy or MOP. Another reason was that MOP was more practical and less complicated and there was no worry that his wife will get pregnant again.²²

According to a "KB" worker, it was explained that the application of the vasectomy contraception was one of the goals of the BKKN under the name of the "Sayang Istri" program.²³ The "Sayang Istri" program intended for husband who are willing to become "KB" participants by doing vasectomy procedure. This is in accordance with what was stated by Mr. ALW (initials), a resident of Tanah Datar

Regency that he was a "KB" participant who decided to participate in "KB" program doing a vasectomy procedure for contraception with the first reason, for the welfare of his wife and children. The welfare of the wife in question is because the wife is no longer able to participate in "KB" program.

The contraceptive method commonly used by the wife is an injection. Based on the advice of his wife who also works in "Posyandu" and his wife's health considerations, Mr. ALW finally decided to do a vasectomy procedure (MOP). Before going through the vasectomy procedure (MOP), Mr. ALW used condoms as a contraception. The MOP was done in 2018, when Mr. ALW already had 3 children (2 sons and 1 daughter). Considerations for the welfare of children such as the continuity of education, meeting the needs of children both materially and non-materially and the composition of children who have been fulfilled, namely girls and boys, are one of the strong reasons for the implementation of this MOP procedure. Second, the MOP is implemented as a form of participation in supporting the government program, namely the "Sayang Istri" program. This program is implemented as a form of husband's care and love for his wife in terms of doing "KB". Beside that, Mr. ALW's knowledge and understanding of "KB" program and the use of contraceptives is one of the factors that support the strong decision to go through the MOP procedure.²⁴

In addition to the use of contraception method for men, in this case vasectomy (MOP), for women, tubectomy is the last option in doing "KB". Some opinions of women who are married and deciding to choose Tubectomy contraception procedure

²¹ DMT.

²² SN, "Wawancara Langsung dengan Aseptor KB," 6 Juli 2019.

²³ Sasrita, "Wawancara dengan Aseptor Sekaligus Petugas KB Kab. Tanah Datar, Kec. Lintau Buo," 6 Juli 2019.

²⁴ ALW, "Wawancara dengan Aseptor KB Kota Bukittinggi," 6 Juli 2019.

(as expressed by Mrs. Sasrita) that the reason to finally decide of going through tubectomy procedure is because other contraceptive methods such as injections, birth control pills and spirals do not work for her, even though they have used one of the contraceptives other than tubectomy, it turns out those choices are still not effective, she still got pregnant and the distance between the births of the previous child is too close. After going through discussions with her husband, Mrs. Sasrita decided to go through tubectomy procedure, she previously had 4 children so far. In addition, economic factors are quite influential on the implementation of the Tubectomy (MOW). Apart from being a tubectomy participant, Mrs. Sasrita is also a “KB” worker who has served for 28 years at PMKB Lintau Buo.²⁵

Mrs. Sarita added that the tubectomy was performed after other contraceptive methods such as injections, birth control pills, implants and spirals did not work in controlling the birth rate of children. This is agreed by the opinion of one of the other “KB” participants, Mrs. EF (initials), at the age of 37, she underwent a tubectomy on the grounds that she already had 5 children, previously while using the birth control pill, it missed several times, meaning that she was still got pregnant anyway, every time she gave birth, there was heavy bleeding, finally her doctor gave a recommendation to do a tubectomy. In addition to health reasons, economic reasons are also the next strong consideration in deciding going through the MOW procedure.²⁶

A similar opinion was also expressed by Mrs. Fitri, who went through a tubectomy 12 years ago. Mrs. Fitri decided to do MOW

when she was 35 years old and when she already has 3 children. A strong reason for MOW is also health, because everytime she gave birth, it must be by surgery, after surgery there is an infection, this condition is finally make her doctor recommend her to do MOW. In addition, economic reasons are also a strong reason in addition to health. Before deciding to do MOW, Mrs. Fitri ever used another contraceptive method, such as 1 x 3 month injection. Another reason is the husband's permission after receiving knowledge and understanding about tubectomy from doctors and “KB” workers.²⁷

In line with the opinions above, Mrs. Elma added that the decision to do MOW is after other contraceptive methods were not suitable for her health. Although Mrs. Elma has already used spirals and injections, they're not effective. At the time of MOW procedure being done, Mrs. Elma already had 5 children. MOW was done when she was 35 years old and had got his husband's approval first and was also supported by knowledge about family planning from the “KB” workers.²⁸

Based on some of the opinions above related to the reasons why in Muslim communities such as Padang, Bukittinggi and Batusangkar and the reasons for choosing vasectomy as a contraception choice, it can be seen that the wife's health is a priority and also because she cannot and is no longer able to use other contraceptives. In some cases, it was revealed that on the husband mostly decided to join the “KB” because of his wife's health condition, such as not being able to use other contraception methods because it affected the wife's physical and psychological condition, even though using

²⁵ Sasrita, “Wawancara dengan Aseptor Sekaligus Petugas KB Kab. Tanah Datar, Kec. Lintau Buo.”

²⁶ EF, “Wawancara dengan Aseptor KB Pangian, Kec. Lintau Buo,” 6 Juli 2019.

²⁷ Fitri, “Wawancara dengan Aseptor KB Pangian, Kec. Lintau Buo,” 6 Juli 2019.

²⁸ Elma, “Wawancara dengan Aseptor KB Pangian, Kec. Lintau Buo,” 6 Juli 2019.

contraceptives it was still possible to get pregnant. Heavy bleeding during childbirth and unstable hormonal cycles make the wife afraid and affect her psychological condition.

The factor like already had offspring with both genders. This condition is one of the strong factors in the husband's decision to do vasectomy contraception. Representation of already having both gender of the children is considered sufficient enough for the husbands to do MOP.

Furthermore, it's also related to factor of child welfare with the consideration that children can attend education properly, the fulfillment of children's needs both materially and non-materially becomes one of the considerations for married couples to decide the use of contraceptives. The concerns of husband and wife regarding the fulfillment of children's basic needs and other supporting needs cannot be met. Moreover, the high level of fulfillment of children's needs nowadays makes a strong decision to use contraception in this case : Vasectomy or MOP.

Factors such as knowledge and understanding that given by doctors or "KB" workers to government programs in the field of "KB". The knowledge in question is that the use of contraceptives does not cause negative effects on health, minimizes the fear of wives in case of pregnancy, they will experience bleeding.

2. How far is the acceptor's knowledge of Islamic Law regarding the application of "KB" Vasectomy and Tubectomy contraception?

In studies assessing the effect of male interest, and identifying gaps in basic contraceptive knowledge (e.g. condoms, vasectomy) that raises specific questions.²⁹

²⁹ Shannon N Wood, et al., "Women's Sexual Experiences as a Side Effect of Contraception in Low and Middle-Income Countries," *Sexual and Reproductive Health Matters*, Vol. 28, No. 1 2020: 196–214.

This is because, this also has implications for the knowledge of acceptors on the application of vasectomy and tubectomy procedures which are based on Islamic Law, on average, some acceptors do not have. This was revealed from an interview conducted by one of the acceptors, namely Mrs. LL (initials), who said that the decision to do MOW was based on the recommendation of a doctor or "KB" instructor related to reasons such as health conditions because every time she gave birth through surgery and bleeding occurred which ultimately scared and traumatized her. When a tubectomy performed to Mrs. LL, she was 34 years old and already had 3 children (2 sons and 1 daughter).³⁰

This information about "KB" contributes to the increase in men's knowledge and persuade them to participate in becoming "KB" acceptors. This is also in line with research in other areas, as explained by Mr. Barus, (in the *Work Area of the Sedayu II Health Center*) which stated that men with less knowledge tend to only participate indirectly in "KB".³¹

In the results of his research, there is a significant link between the knowledge of men's participation in "KB" with the participation of men's in "KB". Men's low knowledge of "KB" for men is not adequate yet, wives do not support their husbands on doing "KB", there is a stigma about male "KB" family planning in society. In addition, there is still an assumption that after a vasectomy procedure, it will reduce sexual satisfaction, making husbands reluctant to become vasectomy participants and also

³⁰ LL, "Wawancara dengan Aseptor KB Kota Bukittinggi," 15 Juli 2019.

³¹ Ernawati Barus, Mestika Lumbantoruan, dan Agnes Purba, "Hubungan Pengetahuan, Sikap dan Pelayanan KB dengan Keikutsertaan Pria Mengikuti KB," *JHeS (Journal of Health Studies)*, Vol. 2, No. 2 (2018): 33–42.

because the wives are worried it will provide a greater opportunity for husbands to cheat..³²

Also in the results of Ms. Febrianti's research, it shows that the predisposing factors are good knowledge, attitudes and beliefs about the vasectomy as a "KB" method. The reinforcing factor shows that most of the informants have the support of their wives and associations which have roles as motivators and deseminators. Affordable costs and good service are factors that enable men to follow the vasectomy as a "KB" method.³³

The low participation of men according to the World Health Organization (WHO) is influenced by *first*, thoughts and feelings in the form of knowledge, perceptions, attitudes, beliefs and assessments of objects; *second*, important people as a reference; *third*, existing resources in the society; *fourth*, the culture that exists in society.³⁴

Also, the acceptor's decision to do tubectomy was based on the information provided by the "KB" instructor. This was revealed by Mrs. YS (initials), who is 62 years old. Mrs. YS was the first acceptor in Luhak District. When she was 36 years old when she decided to MOW, Mrs. YS already had 6 children (3 sons and 3 daughters). Even though she has used other contraceptive options such as injections and spirals, she still got pregnant. Finally she decided to do the

MOW with consideration about inability of Mrs. YS and her husband from an economic point of view.³⁵

The same thing was also conveyed by Mrs. Eni, 34, who was a tubectomy participant who had just performed a tubectomy on September 19, 2019 at the Bukittinggi City Army Hospital, the decision to went through a tubectomy procedure was due to economic and health reasons. Economic reasons because the husband whose mentioned is only a farm laborer. While joking, she said "*sarawa uda sajo dilatakan di ateh paruik ambo, jadi juo anak tu.*" Mrs. Eni added that in 10 years she already gave birth to 6 children with a fairly close birth interval, even in 1 year she gave birth 2 times.

The oldest child is 9 years old and the youngest child is 4 months old. Mrs. Eni cannot use other contraceptive methods because she has thyroid disease, after hearing information about tubectomy from "KB" workers and permission from her husband, Mrs. Eni finally decided to have a tubectomy.³⁶ The acceptors in deciding to go through tubectomy and vasectomy procedures generally only relied on information from "KB" workers and doctors who handled the delivery of tubectomy participants.

In general, the decision to apply these procedures are due to economic and health factors, and usually the source of information is from "KB" workers only. However, a vasectomy participant, Mr. ALW (initials), once asked about Islamic Law regarding tubectomy and vasectomy to an *Ulamas* and the answer that he (*Ulamas*) gave was that these two contraceptives are *haram* except for

³² Barus, Lumbantoruan, dan Purba.

³³ Shelly Rosalina Febrianti, "Gambaran Faktor Predisposing, Enabling dan Reinforcing KB Vasektomi," *Jurnal Promkes: The Indonesian Journal of Health Promotion and Health Education*, Vol. 7, No. 1 2019: 113-123.

<https://doi.org/10.20473/jpk.V7.I1.2019.114>.

³⁴ Emi Yulita, "Hubungan Persepsi dan Pengetahuan Pria Usia Subur Mengenai Metode Kontrasepsi Mantap di Wilayah Kerja Puskesmas Rejosari Pekanbaru 2016," *Midwifery Journal: Jurnal Kebidanan UM. Mataram*, Vol. 3, No. 1 2018: 59-62.

³⁵ YS, "Wawancara dengan Aseptor KB Kec. Luhak, Kab. Lima Puluh Kota," 15 Juli 2019.

³⁶ Eni, "Wawancara dengan Aseptor KB Kab. Agam yang Melakukan Operasi Tubektomi di Kota Bukittinggi," 19 September 2019.

purposes that do not violate the *Shari'a* and are purely for health reasons.³⁷

Based on information from EW (initials), an employee in the field of “KB” services in the City of Bukittinggi, stated that in accordance with the results of the 2012 Indonesian *Ulamas ijtima* regarding the fatwa on vasectomy, it was stated that vasectomy is *haram*, except for purposes that do not violate the *Shari'a*.³⁸ The results of the *ijtima Ulama*s Indonesia 2012 regarding the fatwa of vasectomy are that vasectomy is *haram*, except: (a) for purposes that do not violate the *Shari'a* (b) do not cause permanent infertility (c) there is a guarantee that recanalization can be carried out which can restore the original reproductive function (d) does not poses a danger (*mudharat*) to the person concerned, and (e) is not included in a solid contraceptive program and method.³⁹

Based on some of the opinions of the acceptors above, it can be understood that the acceptors seek more information from “KB” officers than to *Ulamas* regarding Islamic law about the application of vasectomy and tubectomy contraceptives.

3. Do acceptors seek information from “KB” family planning officers or *Ulamas* about Islamic Law regarding the application of Vasectomy and Tubectomy contraceptive method?

Information about the application of vasectomy and tubectomy contraception procedures in the view of Islamic Law was received by the acceptors through “KB” workers. This is as expressed by Mrs. Fitri that information about the tubectomy procedure (MOW) was obtained from “KB”

workers. Mrs. Fitri have a condition that every time she gives birth through surgery, and every surgery she continues to have infections and this is what Mrs. Fitri explains to “KB” workers in the socialization activities carried out by “KB” workers.⁴⁰

Information from “KB” workers in the socialization explained that the conditions in which a mother could apply tubectomy contraception procedure were one of them with the condition experienced by Mrs. Fitri. As a “KB” workers, Mrs. Sasrita revealed that in carrying out her duties in counseling, orientation and socialization of reproductive health, including “KB”, Mrs. Sasrita received information from counseling participants related to the use of contraceptive procedures. Mrs. Sasrita further explained that there were counseling participants who could not use contraceptives such as injections, pills, and spirals because these contraceptives affected the health of the participants. Usually the “KB” instructor will direct participants to tubectomy contraception. After participants get a recommendation from a doctor.⁴¹

One of the tubectomy “KB” acceptors, Mrs. Elma, revealed that the decision to do a tubectomy or MOW was partly based on information and knowledge obtained from “KB” workers about several contraceptive procedures that could be used by “KB” participants. Mrs. Elma also added that from information that she got from “KB” instructors, that the selection of tubectomy contraception or MOW was the last alternative that was done after several other contraceptive methods did not work with

³⁷ ALW, “Wawancara dengan Aseptor KB Kota Bukittinggi.”

³⁸ EW, “Wawancara dengan Kepala Bidang Pelayanan KB Kota Bukittinggi,” 19 September 2019.

³⁹ Perwakilan Badan Kependudukan dan Keluarga Berencana Nasional Provinsi Sumatera Barat, “Fatwa Tentang Vasektomi” (Padang, 2013).

⁴⁰ Fitri, “Wawancara dengan Aseptor KB Pangian, Kec. Lintau Buo.”

⁴¹ Sasrita, “Wawancara dengan Aseptor Sekaligus Petugas KB Kab. Tanah Datar, Kec. Lintau Buo.”

various health effects caused by the use of those contraceptives.⁴²

In line with the above opinion, Mrs. YS (initials) who is known as the first acceptor to go through MOW in Kec. Luhak, Lima Puluh Kota revealed that due of her condition that she could not use other contraceptives which caused she to decide to do the MOW. The use of other contraceptives such as injections, pills, spirals cannot be done because she still got pregnant. Mrs. YS received information about MOW from “KB” officers who explained about MOW and Mrs. YS believed that MOW was a better contraceptive choice.⁴³ According to the “KB” worker, Mrs. Riza, one of the tasks of the family planning worker is to carry out field activities such as fostering “KB” participants in the form of socializing and providing information about “KB”.⁴⁴

Information about the procedure of vasectomy contraception was also obtained through “KB” workers, this was conveyed by Mr. ALW (initials) but he also looked for other references through books and directly asked one of the *ulamas* to strengthen his heart in deciding to use vasectomy contraceptives. Once it is known that a vasectomy can be done by considering the health of the wife as the main consideration.⁴⁵

From the informant's information above, it can be seen that “KB” acceptors in deciding to implement MOW and MOP usually first seek and receive information from “KB” workers. “KB” workers in providing counseling and socialization about

the use of contraceptives have received information from the government in this case the Dinas P3APKB and also *Ulamas*.

4. To what extent do “KB” officers know about Islamic law regarding the application of vasectomy and tubectomy contraceptive method?

Some information related to the knowledge of “KB” workers about Islamic Law on the application of vasectomy and tubectomy contraceptives was obtained through information from “KB” instructors at the sub-district, district and city levels. According to Mrs. Sasrita, to strengthen past legal information regarding these two contraceptive procedures, she has received from the leadership and socialization for “KB” family planning officers involving community and religious leaders. Usually the question that arises is what the Islamic Law on the application of this contraceptive is.⁴⁶

The same thing was also expressed by Riza as a “KB” workers as well as a family planning acceptor. “Usually, we are provided with knowledge of Islamic Law on the application of vasectomy and tubectomy contraceptives through counseling and socialization of Islamic Law regarding the implementation of vasectomy and tubectomy. Usually, in the field, candidates for vasectomy and tubectomy do not really ask for much details about the law on the application of this contraceptive and we have a pocket book of *Ulamas'* fatwas regarding the law on the application of vasectomy and tubectomy.” Riza explained.⁴⁷

5. Was the application of the Vasectomy and Tubectomy contraceptive methods due to practical considerations or an emergency situation or because did not

⁴² Elma, “Wawancara dengan Aseptor KB Pangian, Kec. Lintau Buo.”

⁴³ YS, “Wawancara dengan Aseptor KB Kec. Luhak, Kab. Lima Puluh Kota.”

⁴⁴ Riza, “Wawancara dengan Aseptor sekaligus Petugas KB Kota Bukittinggi,” 15 Juli 2019.

⁴⁵ ALW, “Wawancara dengan Aseptor KB Kota Bukittinggi.”

⁴⁶ Sasrita, “Wawancara dengan Aseptor Sekaligus Petugas KB Kab. Tanah Datar, Kec. Lintau Buo.”

⁴⁷ Riza, “Wawancara dengan Aseptor sekaligus Petugas KB Kota Bukittinggi.”

understand the legal status, or because did not take into account the provisions of Islamic Law?

Based on the data in the field, it can be seen that several acceptors, both tubectomy and vasectomy, decided to apply this contraceptive methods because the wife's health factor in this case was considered an emergency. One of the acceptors named A (initial), aged 39, who has 3 children, revealed that she underwent a tubectomy because every pregnancy she always had health problems until she gave birth. Starting from having difficulty eating, being afraid to see people and also economic problems.⁴⁸

Almost the same opinion was expressed by Mrs. YN (initials), who is 48 years old, who already has 7 children, decided to go through tubectomy contraception procedure because the contraceptives she had tried, such as injections, caused heavy bleeding, then the birth control pills were not suitable because she always felt dizzy and made her unable to do much activities.⁴⁹ Unlike Mrs. LND (initials) who is currently 49 years old, when she decided that MOW, Mrs. LND was 35 years old and already had 4 children. Before MOW Ms. LND used implants as a contraceptive but after hearing information from people who did MOW it was one of the factors she decided to MOW, of course after getting permission from her husband. Mrs. LND emphasized that economic factors were the main factor in making this decision.⁵⁰

Field data also revealed that the motivation for deciding to use a tubectomy contraception is apart from health, economic factors, and also information from "KB"

officers and participants who have performed a tubectomy who stated that after the surgery was over, they were no more anxious feeling about the occurrence of pregnancy that overshadowed them before. This causes the emergence a peace of mind for the participants.⁵¹ In addition, the government also accepts and facilitates the rights of women with laparoscopic tubectomy which should be an evaluation and health consideration for women.⁵²

Research findings in the field are integrated/linked with previous research results or with existing theories. The interpretation of the findings is carried out using logic, related theories and relevant research. For this purpose there must be journal references from relevant research which are recommended 80% of all book references and others.

Review of Related Literatures and Studies

Islam has comprehensive and detailed teachings in family matters. There are dozens of verses of the Al-Qur'an and the hadith of the Prophet that provide very clear instructions regarding family issues, starting from the beginning of the formation of the family, the rights and obligations of each element in the family to the issue of inheritance and guardianship. Islam does pay great attention to the arrangement of the family.

In addition, several verses of the al-Qur'an and the Hadith of the Prophet which indicate that basically Islam allows Muslims to do "KB" as family planning choice. "KB" can change from *mubah* (permissible) to

⁴⁸ A, "Wawancara dengan Aseptor KB Kota Bukittinggi," 19 September 2019.

⁴⁹ YN, "Wawancara dengan Aseptor KB dari Kota Bukittinggi," 19 September 2019.

⁵⁰ LND, "Wawancara dengan Aseptor KB Kec, Luhak Kab. Lima Puluh Kota," 2019.

⁵¹ NIM, "Wawancara dengan Aseptor KB Kec, Luhak Kab. Lima Puluh Kota," 15 Juli 2019.

⁵² Team Researcher Economic and Political Weekly, "Killing Women to Curb Population: The Chhattisgarh Tragedy Will Repeat Unless Governments Accept Women's Rights," *Economic and Political Weekly*, Vol. 49, No. 46 2014: 7-8.

sunnah, obligatory *makruh* or haram, as is the case with Islamic Marriage Law, whose original law is also *mubah*.

The *Mubab* Law can adapt according to the situation and condition of the individual Muslim that said, as well as taking into account changes in the times, places and conditions of society. This is in accordance with the rules of Islamic Law which means: "The laws can change according to changing times, places and circumstances." The verses of the al-Qur'an that provide a legal basis for "KB" are the Al Qur'an al-An'am: 151 and al-Baqarah verse 195 which are very concerned about the health and physical welfare of the family and the mother giving birth. Surah an-Nisa 'verse 9, Surah Luqman verse 14 and Surah al-Ahqaf verse 15 are also the basis for allowing "KB" as family planning choice.

"KB" has several methods in its application in the field and has received attention from the perspective of Islamic Law such as vasectomy and tubectomy. Tubectomy according to Rochmah in Zuhdi revealed that tubectomy is a light and fast surgery that performed on women (*tubal ligation*) so that they are sterile and no longer able to produce children, meaning that the possibility of pregnancy is almost zero.⁵³ Furthermore, the same opinion was expressed that vasectomy is a simple surgery on men to sterilize so that they can no longer fertilize to produce children. The way is to cut the seminal duct (*vas deferens*) then both ends are tied, so that sperm cannot flow out of the penis (*urethra*). Time needed for a vasectomy only a few minutes only, and tends to be faster than tubectomy.⁵⁴

In legal matters of *Vasectomy* for a period of approximately more than 30 years,

⁵³ S. Rochmah, "Penggunaan Vasektomi dan Tubektomi Perspektif Medis dan Maqasid al-Shari'ah", *Doctoral Dissertation*, (UIN Sunan Ampel Surabaya, 2018).

⁵⁴ Rochmah.

which is exactly from 1979 to 2012, the law was stipulated in the form of MUI fatwas four times; three times the fatwa was declared *haram* and the last one was declared *haram* unless the conditions are met. The latter confirms the permissibility (*ibadah*) of *Vasectomy* with conditions.⁵⁵ Because, in the legal process, of the twenty-two fatwas issued between 1975-1988, only eight could be classified as supporting government policies; three against, and the rest neutral. Three fatwas that were less influenced by the government, including the fatwa on the prohibition of abortion, the prohibition of vasectomy and tubectomy (for "KB" as a family planning choice) and the prohibition of Muslims to celebrate Christmas.⁵⁶

First, in 1979, which was the early days of the incessant "KB" program, the MUI issued a fatwa saying *Vasectomy* is haram for two main reasons, namely: 1) *Vasectomy* is a form of sterilization, while sterilization is prohibited by Islam, 2) in Indonesia it has not been proven that the *Vasectomy* procedure can be retracted.

Second, in 1983, at the "Musyawarah Nasional" (National Deliberation) forum on population, health and development, on 17–30 October 1983, the MUI reaffirmed once again that the *Vasectomy* and *Tubectomy* procedures are haram, confirming the 1979 fatwa. In this decision, it is only allowed if the life of the fetus is threatened when pregnant or giving birth.

Third, in 2009. That *Vasectomy* is still *haram* because *Vasectomy* as a contraceptive

⁵⁵ Muhyiddin, "Dalam Sari, A. P., Mutimatun, N. A., & SH, M. Vasektomi dan Tubektomi pada Keluarga Berencana dalam Perspektif Hukum Islam", *Doctoral Dissertation*, (Universitas Muhammadiyah Surakarta, 2018).

⁵⁶ Mun'im Sirry, "Fatwas and Their Controversy: The Case of the Council of Indonesian Ulama (MUI)," *Journal of Southeast Asian Studies*, Vol. 44, No. 1 2013: 100–117.

method is currently done by cutting the sperm ducts. This results in permanent infertility, and *Vasectomy's* recanalization (reconnection) effort that does not guarantee the return of the fertility.

Fourth, in 2012. At this year MUI still stipulates that Vasectomy is *haram*, except for purposes that do not violate the *Shari'ah*, do not cause permanent infertility, There is a guarantee that recanalization can be done which can return the reproductive function to its original state, does not cause harm to the person, is not included in the program and steady method of contraception.⁵⁷ Which means, there is a legal slack regarding Vasectomy, with some *shari'ah* and health considerations.

The reason for changing the legal fatwa for vasectomy from *haram* to *halal* on condition that there is a new *'illat*, which is the success of recanalization. Meanwhile, with respect to the new fatwa, Muhammadiyah Ulamas agreed with tightening and adding certain conditions. Meanwhile, NU Ulamas do not agree with the fatwa because the evidence of the success of recanalization is considered unconvincing (*muḥaqqaqah*).⁵⁸

Therefore, a legal legislation is needed, in which Islamic Law and National Law are unified, especially related to suppression of the birth rate by using contraceptives, in the form of tubectomy and vasectomy, as well as considering health and benefit factors. With the legislative process, legal unification will be created, legal certainty and for its implementation can be forced through state institutions. Social change will be realized if

the promulgated Islamic Law is relevant to the social needs of the community.⁵⁹

CONCLUSION

This conclusion from the research that has been done, including:

1. Consideration of wife's health after going through a doctor's recommendation and also child welfare.
2. In general, the acceptors did not have enough knowledge about Religious Law regarding the use of vasectomy and tubectomy contraceptives, because the information was received through "KB" instructors and doctors who handled the patient's birth.
3. The knowledge of "KB" workers about Islamic Law regarding the application of the Vasectomy and Tubectomy contraceptive procedures is based on the information provided by Ulamas during the socialization regarding the application of the Vasectomy and Tubectomy contraceptive methods carried out by *Dinas Pemberdayaan Perempuan dan Perlindungan Anak Pengendalian Penduduk dan Keluarga Berencana* (the Office of Women's Empowerment and Child Protection Population Control and Family Planning).
4. The vasectomy and tubectomy participants decide to use the contraceptive device based on the wife's health considerations and it is considered an emergency condition. Also, because there was heavy bleeding happening every time the wife gave birth, and the condition of the wife's illness itself.

⁵⁷ Muhyiddin, "Dalam Sari, A. P., Mutimatun, N. A., & SH, M. Vasektomi dan Tubektomi pada Keluarga Berencana dalam Perspektif Hukum Islam."

⁵⁸ Muhyiddin, "Fatwa MUI Tentang Vasektomi Tanggapan Ulamas dan Dampaknya terhadap Peningkatan Medis Operasi Pria (MOP)," *Al-Ahkam*, Vol. 24, No. 1 2014: 69–92.

⁵⁹ Edi Rosman, "Legislasi Hukum Islam di Indonesia (Sejarah dan Relevansi Praktis Pembaharuan Hukum Nasional)," *ALHURRIYAH: Jurnal Hukum Islam*, Vol. 1, No. 1 2016: 27–44.

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