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The Urgency of Premarital Medical Testing in Islamic Family Law: A Maqasid al-Shari'ah Perspective

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Abstract

Premarital medical testing represents a critical yet underregulated aspect of Islamic family law in Indonesia. This study explores the urgency of premarital medical testing from the perspective of Maqasid al-Shari'ah, addressing three research questions: its necessity, the urgency for prospective spouses, and its alignment with Maqasid al-Shari'ah objectives. Using normative juridical methodology grounded in library research, this study analyzes Qur'anic verses, Prophetic traditions, classical fiqh texts, and Indonesian statutory sources. The findings reveal that premarital testing addresses four critical health risks: sexually transmitted infections (HIV/AIDS, syphilis, hepatitis), hereditary conditions (thalassemia 6-10% carrier rate), fertility-related conditions (10-15% couples affected), and maternal-infant mortality factors. The study demonstrates that premarital testing aligns directly with *Maqasid al-Shari'ah*, primarily serving *hifz al-nafs* (protection of life) and *hifz al-nasl* (protection of progeny), categorized at *hajiyyat* level within *daruriyyat* objectives. The practice is justified through *sadd al-dhara'i'* (blocking pathways to harm) and *dar' al-mafasid* (prevention of harm) principles. Current Indonesian regulation (Joint Instruction No. 02/1989) is inadequate, mandating only TT immunization for females. The study recommends comprehensive national regulation mandating screening for both genders, BPJS Kesehatan integration, training for KUA officials, and adoption of Muslim-majority country models. This research contributes novel insights through *daruriyyat*-versus-*hajiyyat* distinction, Indonesian empirical data, and *wajib kifayah* versus *wajib 'ayn* mediation.

Introduction

Marriage in Islamic jurisprudence is one of the most consequential legal and spiritual acts in human life. It is not merely a social institution but a *mitsaqan ghalidzan* — a solemn covenant concluded in the presence of Allah SWT — through which the Qur'an envisions the realization of tranquility (*sakinah*), love (*mawaddah*), and compassion (*rahmah*) within the family unit (Kementerian

Agama RI, 2019). This normative vision is formally embedded in Indonesian positive law through Law No. 1 of 1974 on Marriage and the Compilation of Islamic Law (*Kompilasi Hukum Islam*/KHI), both of which position marriage as the foundational institution of a harmonious and prosperous family (Republic of Indonesia, 1974; Republic of Indonesia, 1991). The realization of this vision, however, depends substantially on the physical and psychological health of both prospective spouses — a dimension that has received insufficient attention in Islamic legal discourse and Indonesian family law policy.

A marriage entered into without adequate knowledge of each party's health condition — particularly their reproductive health, genetic disease history, and susceptibility to communicable infections — risks generating consequences that extend beyond the couple themselves to affect the health and well-being of future generations. In an era of rising infectious disease threats, chronic conditions, and hereditary disorders, the need for systematic health assessment prior to marriage has become increasingly urgent (World Health Organization, 2022). Premarital health screening (*pemeriksaan kesehatan pranikah* or *premarital check-up*) is accordingly defined as a systematic series of medical examinations conducted on prospective spouses before the marriage contract is concluded, with objectives encompassing the identification of pre-existing health conditions, assessment of reproductive capacity, screening for communicable diseases, and the provision of sufficient information to support informed and responsible decision-making (Amin, 2025). The scope of such examinations typically includes blood and urine analysis, reproductive health assessment, screening for sexually transmitted infections (including HIV/AIDS, syphilis, gonorrhea, and hepatitis B and C), fertility assessment, and screening for hereditary diseases such as thalassemia and diabetes mellitus.

Despite its evident importance, the legal framework governing premarital health screening in Indonesia remains severely limited and outdated. The Joint Instruction of the Director General of Islamic Community Guidance and Hajj Affairs and the Director General of Communicable Disease Control No. 02 of 1989 mandates only Tetanus Toxoid (TT) immunization for female marriage candidates, with no provision for comprehensive health screening of male candidates or for the broader health profile of either partner. The 2017 Jakarta Governor's Regulation on premarital counseling and health screening represents a significant advancement at the regional level, yet carries no binding legal force at the national level (Government of Jakarta, 2017). This regulatory gap means that the vast majority of couples who marry each year in Indonesia do so without adequate knowledge of their own or their partner's health condition — a situation that carries serious public health implications and raises fundamental questions of Islamic legal responsibility.

From the perspective of Islamic jurisprudence, this situation demands rigorous scholarly inquiry. Islamic law is not confined to a system of ritual obligations; it constitutes a comprehensive normative framework oriented toward the welfare (*maslahah*) of human beings in this life and the hereafter. This welfare-oriented orientation is systematized in the concept of *Maqasid al-Shari'ah* — the higher objectives of Islamic law — which identifies five fundamental goods that the Shari'ah aims to protect: religion (*hifẓ al-din*), life (*hifẓ al-nafs*), intellect (*hifẓ al-'aql*), progeny (*hifẓ al-nasl*), and property (*hifẓ al-mal*). These objectives were articulated and developed by classical scholars, including al-Ghazali, al-Juwayni, and al-Shatibi, and continue to serve as the principal hermeneutical framework for evaluating contemporary legal and ethical phenomena (Al-Ghazali, n.d.; Al-Shatibi, n.d.; Auda, 2008).

Previous scholarship has established a productive analytical tradition in applying *Maqasid al-Shari'ah* to contemporary social and bioethical questions. Auda (2008) demonstrated the systemic and dynamic dimensions of *Maqasid* as a philosophical and legal framework, while Nurhayati et al. (2022) applied it to contemporary social issues with comparable analytical precision. Kartikaningsih et al. (2026) employed the *Maqasid* framework to evaluate the effectiveness of advocacy for victims of domestic violence, and Husni et al. (2015) explored its dimensions in the context of family protection. However, a significant research gap persists: no study has systematically applied the *Maqasid al-Shari'ah* framework to the specific question of premarital medical testing within the Indonesian legal and policy context — a gap this study is designed to address.

This study argues that premarital medical testing constitutes a concrete institutional application of *Maqasid al-Shari'ah*, particularly *hifẓ al-nafs* (protection of life) and *hifẓ al-nasl* (protection of progeny). It further contends that the jurisprudential principle of *sadd al-dhara'i* — blocking the pathways to harm — provides robust doctrinal support for institutionalizing comprehensive premarital health screening as a binding legal requirement in Islamic family law. Accordingly, this study addresses three core research questions: Why is premarital medical testing necessary? What is the urgency of such testing for prospective spouses? And in what ways does premarital medical testing align with the objectives of *Maqasid al-Shari'ah*? The findings of this study are expected to carry practical implications for Indonesian family law reform, the curriculum of premarital counseling programs conducted by the Religious Affairs Office (*Kantor Urusan Agama*/KUA), and the broader integration of health literacy into Islamic marriage preparation.

Method

This study employs a normative juridical methodology grounded in library research (*penelitian pustaka*). Normative juridical research focuses on the systematic analysis of legal norms, principles, and doctrines derived from authoritative legal and religious sources, rather than on empirical fieldwork or primary data collection from human subjects (Soerjono Soekanto, 2001). This methodological choice is appropriate for the study's objectives — namely, to evaluate premarital medical testing against the normative framework of *Maqasid al-Shari'ah* and to identify the legal and religious arguments that support or qualify its institutionalization within Islamic family law.

The primary legal sources consulted include the Qur'an and authenticated Hadith of the Prophet Muhammad (peace be upon him), which constitute the foundational pillars of Islamic legal reasoning. These are supplemented by classical Islamic jurisprudential texts, including the works of al-Ghazali, al-Shatibi, Imam Nawawi, and Ibn Qudama, as well as contemporary fiqh compendia addressing health, medicine, and family law (Al-Ghazali, n.d.; Al-Shatibi, n.d.; Imam Nawawi, n.d.; Ibn Qudama, 1968). Relevant Indonesian statutory sources include Law No. 1 of 1974 on Marriage, Government Regulation No. 9 of 1975, the Compilation of Islamic Law (*Kompilasi Hukum Islam*/KHI), the Joint Instruction No. 02 of 1989 on TT Immunization for Marriage Candidates, and the 2017 Jakarta Governor's Regulation on premarital counseling (Republic of Indonesia, 1974; Republic of Indonesia, 1975; Republic of Indonesia, 1991; Government of Jakarta, 2017).

Secondary sources encompass peer-reviewed journal articles, academic theses, books on Islamic family law and medical ethics, and relevant public health literature on premarital screening programs. Data were analyzed using a taxonomic analytical approach, which focuses analytical attention on specific domains of inquiry, subdivides each domain into thematic subcategories, and generates conclusions through systematic inductive reasoning. The *Maqasid al-Shari'ah* framework — particularly its hierarchical categorization of legal objectives into *daruriyyat* (essential), *hajiyyat*

(complementary), and *tahsiniyyat* (enhancing) levels — serves as the primary evaluative lens through which the normative status and urgency of premarital medical testing are assessed (Auda, 2008; Zahrah, 1958; Mahmassani, 1987).

To ensure analytical rigor and validity, triangulation was applied across multiple categories of legal sources: Qur'anic verses and Prophetic traditions were cross-referenced with the opinions of classical and contemporary Islamic scholars, and legal analysis was complemented by reference to relevant medical and public health evidence regarding the benefits and limitations of premarital screening. The study's conclusions are formulated through careful weighing of the benefits (*maslahat*) and harms (*mafsadat*) of premarital medical testing within the *Maqasid al-Shari'ah* framework, drawing on the jurisprudential maxim that "the prevention of harm takes precedence over the attainment of benefit" (*dar' al-mafasid muqaddam 'ala jalb al-masalih*), as elaborated in the works of al-Shatibi (n.d.) and Wahbah al-Zuhaili (1989).

Findings

The Concept and Scope of Premarital Medical Testing

Premarital medical testing (*premarital check-up* or *pemeriksaan kesehatan pranikah*) is a systematic series of health assessments conducted on prospective spouses prior to marriage to document health status, identify diseases or predispositions, assess reproductive capacity, and screen for conditions that may affect the partner or offspring (Amin, 2025). Unlike Indonesia's general GERMAS health check-up, premarital testing specifically targets reproductive and communicable disease risks relevant to the marital relationship. The essential components of premarital testing are summarized in Table 1.

Table 1. Essential Components of Premarital Medical Testing

Component	Purpose	Conditions Detected
Blood and urine analysis	Baseline health assessment	Diabetes mellitus, anemia, kidney disease
Semen analysis (male)	Reproductive capacity	Sperm count, motility, morphological integrity
Gynecological evaluation (female)	Reproductive health	Menstrual regularity, PCOS, endometriosis
STI screening	Infection detection	HIV/AIDS, syphilis, gonorrhea, hepatitis B/C, HPV, herpes genitalis
Hereditary screening	Genetic risk identification	Thalassemia, diabetes, cardiac abnormalities
Blood group and Rhesus testing	Compatibility assessment	Rhesus incompatibility (hemolytic disease risk)

Source: World Health Organization (2022); Amin (2025)

In Indonesia, premarital medical testing is not mandated as a formal legal requirement for marriage registration at the Religious Affairs Office (KUA). The only national provision is TT immunization for female candidates under Joint Instruction No. 02 of 1989—over three decades old and limited in scope (Amin, 2025). The Jakarta Governor's Regulation of 2017 represents a regional advance but lacks binding force at the national level (Government of Jakarta, 2017).

Testing is typically conducted at hospitals or private clinics with laboratory facilities, while public health centers (*Puskesmas*) generally lack comprehensive screening capacity. Premarital testing is self-funded, creating access disparity between higher-income and lower-income individuals. This economic barrier requires policy intervention, including subsidization and integration into publicly funded health programs for equitable access (Nuruddin & Tarigan, 2004).

The Necessity and Urgency of Premarital Medical Testing

The necessity of premarital testing derives from medical, social, psychological, and religious rationales. Marriage creates biological interdependency where one spouse's health directly affects the other through sexual contact, and both parents' genetic profiles shape offspring's health (Amin, 2025). Without health knowledge, couples embark on a shared biological journey, unaware of risks that could be identified and mitigated (Sadiqa & Khan, 2025).

Classical Islamic medicine recognized that children's physical and mental characteristics reflect genetic contribution from both parents (Sayid Sabiq, 2009; Bakar, n.d.), underscoring the religious rationale for ensuring spouse health before conception. The specific medical and psychological benefits are summarized in Table 2.

Table 2. Benefits of Premarital Medical Testing

Category	Benefits
Medical	1. Early disease identification enabling treatment before pregnancy exacerbation 2. STI prevention through informed protective measures or pre-marital treatment 3. Fertility-affecting conditions addressed before marriage, reducing infertility 4. Maternal and infant mortality reduction by identifying high-risk conditions 5. Congenital defects prevention through genetic counseling 6. Comprehensive health baseline for future medical decisions
Psychological	Greater mutual transparency, trust, and psychological security; reduced conflict risk from undisclosed conditions; informed family planning decisions (Khoiruddin Nasution, 2004)

Sources: World Health Organization (2022); Amin (2025); Khoiruddin Nasution (2004)

The urgency of premarital testing in contemporary Indonesia is underscored by four categories of health risks (Amin, 2025):

1. Sexually Transmitted Infections (STIs)

STIs represent the most immediate health risk. HIV/AIDS has no cure and carries lifelong immunological consequences, transmissible between spouses and from mother to child (World Health Organization, 2022). Syphilis progresses to affect the heart and nervous system, causing congenital syphilis. Gonorrhea causes inflammation, leading to infertility. Hepatitis B causes chronic liver disease progressing to cirrhosis or liver cancer. Pre-marital identification enables treatment, protective measures, and counseling (Amin, 2025).

2. Hereditary Conditions

Thalassemia, a hereditary blood disorder, has a carrier rate of 6-10% in Indonesia (Badan Pusat Statistik & Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, 2022). When two carriers marry, there is a 25% probability of thalassemia major—a severe condition requiring lifelong blood transfusions. Premarital screening enables informed decisions about marriage, genetic counseling, or alternative reproductive options. Other conditions include diabetes mellitus, congenital cardiac abnormalities, and genetically influenced mental health conditions (Syarifuddin, 2011).

3. Fertility-Related Conditions

Infertility affects 10-15% of couples globally. In Indonesia, infertility carries social stigma, marital conflict, depression, and in severe cases polygamy or divorce (Khoiruddin Nasution, 2004; Nuruddin & Tarigan, 2004). Male causes include oligospermia, asthenospermia, teratospermia, and azoospermia—often correctable if identified early. Female causes include ovarian dysfunction, PCOS, blocked fallopian tubes, endometriosis, and uterine abnormalities. Premarital fertility screening significantly improves pregnancy prospects (Amin, 2025).

4. Maternal and Infant Mortality

Indonesia's maternal mortality rate remains higher than that of comparable middle-income countries with urban-rural and socioeconomic disparities (World Health Organization, 2022). Women giving birth before age 20 or after 35, with more than four children, or with pregnancies spaced less than two years apart face elevated mortality risks. Premarital screening enables evidence-based counseling on optimal pregnancy timing and spacing.

The Islamic Jurisprudential Basis for Premarital Medical Testing

The Islamic jurisprudential basis for premarital testing is grounded in Qur'anic verses, Prophetic traditions, and classical legal reasoning. The hadith narrated by Anas ibn Malik instructs believers to "marry women who are loving and fertile" (narrated by Ahmad, authenticated by Ibn Hibban, cited in Sayid Sabiq, 2009), explicitly privileging fertility as a criterion for spouse selection. Since direct observation cannot reliably determine fertility, premarital medical testing represents the contemporary means of fulfilling this Prophetic guidance.

A second hadith narrated by Mughirah ibn Shu'bah records the Prophet advising a man to observe his intended bride carefully before proposing. Scholars extended this principle to encompass any knowledge-gathering about a prospective spouse's condition relevant to marital harmony—including health status (Wahbah al-Zuhaili, 1989). This interpretive extension follows the jurisprudential principle that the purpose of a ruling should guide its application in new circumstances (Zahrah, 1958).

Classical fiqh texts document Umar ibn al-Khattab's precedent of granting a husband one year to address impotence before allowing spousal separation—indicating that conditions affecting sexual and reproductive function are legally relevant to the validity of the marital contract (Ibn Qudama, 1968; Imam Nawawi, n.d.). Contemporary scholars have extended this to broader health conditions that affect marriage objectives.

The fiqh principle of *sadd al-dhara'i*—blocking pathways to harm—provides the strongest Islamic legal basis for premarital testing (Al-Shatibi, n.d.; Mahmassani, 1987). This principle holds that actions may be legally required if their performance prevents foreseeable significant harm. Applied to premarital testing: since failure to conduct screening creates foreseeable pathways to communicable disease transmission, genetic condition inheritance, prolonged infertility, and

preventable maternal-infant death—all serious harms within Islamic law—premarital screening is legally required as a preventive measure.

Discussion

Premarital Medical Testing and Maqasid al-Shari'ah

1. Hifz al-Nafs (Protection of Life)

The *Maqasid al-Shari'ah* objective of *hifẓ al-nafs*—the protection of human life and physical integrity—constitutes the primary normative foundation for premarital medical testing. Human life is the most fundamental value protected by Islamic law, the precondition for exercising all other capacities. The Qur'an affirms this in Surah Al-Baqarah (2:179), where *qisas* was ordained as a "guarantee of life," thereby demonstrating that the protection of life is a divinely mandated legal objective (Kementerian Agama RI, 2019). If unlawful killing warrants a legal framework for deterrence, then disease transmission—which can be equally deadly and more insidious—warrants a comparable preventive framework (Auda, 2008).

Premarital testing directly serves *hifẓ al-nafs* by creating informational preconditions for preventing life-threatening disease transmission. When a prospective spouse carries undetected HIV/AIDS, hepatitis B, tuberculosis, or syphilis, marriage creates an immediate pathway for transmission to the healthy partner (World Health Organization, 2022; Amin, 2025). Without screening, neither partner may recognize the risk until transmission occurs and irreversible damage develops. The knowledge from testing enables protective measures—premarital treatment, prophylactic medication, barrier contraception—that prevent or significantly reduce the probability of transmission.

Within the *Maqasid* hierarchy, *hifẓ al-nafs* is categorized at *daruriyyat* (essential necessities)—goods whose neglect threatens fundamental human existence. Measures protecting *daruriyyat* are legally obligatory in Islamic law (Al-Shatibi, n.d.; Zahrah, 1958). However, this study finds premarital testing is more accurately categorized at *hajiyyat* (complementary needs) within the *daruriyyat* objective of *hifẓ al-nafs*, consistent with Amin (2025). This reflects its preventive rather than curative character: it reduces risk rather than eliminating certain harm.

This analysis resonates with Nurhayati et al. (2022), who demonstrated that Islamic law addresses contemporary health challenges through a harm-prevention logic. Applying this to premarital testing extends established *Maqasid*-based reasoning to reproductive and communicable disease health (Kartikaningsih et al., 2026).

2. Hifz al-Nasl (Protection of Progeny)

Hifẓ al-nasl—the protection of progeny and family lineage integrity—provides the second normative foundation. Children are described in the Qur'an as an adornment of worldly life (QS. Al-Kahfi 18:46) and identified by classical scholars as primary blessings and purposes of marriage (Kementerian Agama RI, 2019; Sayid Sabiq, 2009). Islamic law devotes extensive attention to children's rights: legal paternity (*nasab*), inheritance shares, financial maintenance, and upbringing in family environments that nurture physical, intellectual, and spiritual development (Syarifuddin, 2011; Nuruddin & Tarigan, 2004).

Premarital testing serves *hifẓ al-nasl* by generating information to protect children's physical health and genetic integrity. Genetic screening for hereditary conditions—particularly thalassemia with 6-10% carrier rate in Indonesia—enables couples to make informed reproductive decisions

before conceiving children affected by devastating hereditary disease (Badan Pusat Statistik & Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, 2022; Amin, 2025). This preventive orientation aligns with *dar' al-mafsadah* (prevention of harm): preventing hereditary disease transmission in unborn children is a concrete application of protecting future progeny (Al-Shatibi, n.d.).

The Prophetic tradition "marry women who are loving and fertile" is directly relevant. Scholars extended this to reproductive health: a spouse with compromised reproductive health is not "*walud*" (fertile) in the full Prophetic sense, and premarital testing is the contemporary means of assessing and treating conditions before they affect reproductive capacity (Sayid Sabiq, 2009; Wahbah al-Zuhaili, 1989).

The Qur'anic prohibition of *zina* (QS. Al-Isra' 17:32) is also relevant, as scholars identify the protection of legitimate lineage as a primary purpose (Kementerian Agama RI, 2019; Imam Nawawi, n.d.). Marriage law, inheritance law, and *nasab* determination collectively serve *hifẓ al-nasl* by ensuring children are born into clearly defined family relationships (Syarifuddin, 2011). Premarital testing serves this by ensuring both parents' health profiles are known before conception, reducing the risk of families being disrupted by undetected disease, infertility, or genetic incompatibility. The tradition "marry those who are not close relatives, so offspring will not be weak" is grounded in the same concern for offspring health (Husni et al., 2015).

3. Hifz al-'Aql, Hifz al-Mal, and Hifz al-Din

While *hifẓ al-nafs* and *hifẓ al-nasl* are primary, premarital testing also aligns with the remaining three objectives, as summarized in Table 3.

Table 3. Alignment of Premarital Testing with Maqasid Objectives

Maqasid Objective	How Testing Serves It
Hifz al-'Aql (protection of intellect)	1. Prevents transmission of diseases causing neurological damage (advanced syphilis, meningitis) 2. Prevents hereditary conditions affecting cognitive development (intellectual disability) 3. Prevents chronic stress, trauma, depression from undisclosed disease or ill child (Auda, 2008; Zahrah, 1958)
Hifz al-Mal (protection of property)	Financially preventive: screening costs < long-term medical expenses for chronic diseases, hereditary conditions, infertility, pregnancy complications. Example: hepatitis B treatment before marriage avoids higher chronic liver disease costs (Mahmassani, 1987; Amin, 2025; Al-Ghazali, n.d.; Said, 2020)
Hifz al-Din (protection of religion)	Healthy body and stable family are preconditions for religious practice. Chronic illness, marital conflict from undisclosed conditions, infertility devastation, grief from ill child = obstacles to religious life. *Rukhsa* (legal dispensation) recognizes health as prerequisite for religious duties (Syarifuddin, 2011; Khoiruddin Nasution, 2004; Al-Shatibi, n.d.; Imam Nawawi, n.d.)

Positive and Negative Dimensions: A Maqasid-Based Evaluation

A comprehensive *Maqasid* analysis must engage both *maslahat* (benefits) and *mafsadat* (harms), as Islamic legal evaluation requires weighing both dimensions (Al-Shatibi, n.d.).

The most significant potential harm is the psychological and social impact on individuals receiving unwanted results. A candidate found infertile, carrying a hereditary disease, or infected with HIV/AIDS may experience severe distress, depression, loss of self-worth. If information becomes known beyond a medical/familial context, it can generate stigmatization, compounding distress and affecting marriage prospects (Amin, 2025). These harms require careful program design, including confidentiality provisions, psychological counseling, and clear information management protocols. This aligns with Husni et al. (2015), emphasizing that Islamic law's commitment to human dignity (*karamah*) must be integrated into family health protection mechanisms.

A second harm is wrongful engagement/marriage cancellation on medical grounds, not constituting Islamic legal grounds for refusal (Wahbah al-Zuhaili, 1989; Ibn Qudama, 1968). Not every condition renders marriage inadvisable, and misinterpretation—particularly by families applying pressure based on incomplete medical understanding—can cause injustice to individuals with treatable conditions. A third limitation is inherent uncertainty in medical diagnosis: genetic risk factor carrier status doesn't mean risk will materialize as disease. Misinterpreting probabilistic risk as a certain diagnosis generates unnecessary distress and discrimination (Syarifuddin, 2011).

Evaluating these harms through *Maqasid*, this study finds that benefits substantially and systematically outweigh potential harms, provided testing is designed with safeguards for confidentiality, psychological support, and accurate communication. The maxim "harm must be removed" (*al-darar yuzal*) supports that systematic risk from absence of screening (disease transmission, hereditary propagation, preventable infertility) constitutes more serious harm than contingent/manageable harms from screening itself (Al-Shatibi, n.d.; Mahmassani, 1987). This aligns with "greater harm avoided through accepting lesser harm" (*al-dharar al-ashadd yuzal bi'l-darar al-akhaf*), supporting the acceptance of limited testing harms to prevent severe, undetected disease, hereditary transmission, and infertility.

Policy Implications: Toward a National Legal Framework in Indonesia

The *Maqasid* analysis generates specific policy implications for Indonesia's premarital health regulatory framework, summarized in Table 4.

Table 4. Policy Recommendations Based on Maqasid Analysis

Policy Recommendation	Maqasid Justification	Implementation Mechanism
Comprehensive national regulation mandating screening for both genders, replacing TT immunization-only mandate	*Hifz al-nafs* + *hifz al-nasl* at *daruriyyat* level; *sadd al-dhara'i'* requires preventing foreseeable harm	Collaboration Kementerian Agama + Kementerian Kesehatan; revise/replace Inpres No. 02/1989 (Amin, 2025; Republic of Indonesia, 1974; Republic of Indonesia, 1991)
Subsidized/free screening for economically	*Adl* (justice): current self-funded model creates access	Integration into BPJS Kesehatan (Nuruddin &

disadvantaged, integrated into public primary health care	inequality disadvantaging those most in need	Tarigan, 2004; Amin, 2025; Kartikaningsih et al., 2026)
Comprehensive training for *penghulu*, KUA counselors, health professionals on Islamic rationale, compassionate counseling, confidentiality	*Karamah* (human dignity): protect candidates' privacy and psychological wellbeing	*Maqasid al-Shari'ah* literacy in counseling curricula (Syarifuddin, 2011; Khoiruddin Nasution, 2004)
Adopt models from Muslim-majority countries (Saudi Arabia, UAE, Bahrain) with mandatory thalassemia + infectious disease screening	Proven effectiveness: >90% uptake with full subsidy + national health system integration + strict enforcement	Adapt with BPJS integration + KUA enforcement (Auda, 2008; Husni et al., 2015)

The most fundamental implication is the need for comprehensive national regulation mandating premarital screening for both male and female candidates, replacing the limited TT immunization mandate for females only with a comprehensive health examination that reflects contemporary medical understanding (Amin, 2025). Such regulation should be developed through collaboration between Kementerian Agama and Kementerian Kesehatan, ensuring evidence-based medical components and *Maqasid*-aligned religious framing. Joint Instruction No. 02 of 1989—over three decades old—should be comprehensively revised or replaced (Republic of Indonesia, 1974; Republic of Indonesia, 1991).

Second, the framework should include subsidized/free screening for economically disadvantaged individuals, integrated into publicly funded primary health care. The current self-funded private hospital/clinic model creates access inequality, disproportionately disadvantaging those most in need (Nuruddin & Tarigan, 2004). BPJS Kesehatan integration would reduce inequality and align health policy with Islamic obligation for equitable access (Amin, 2025; Kartikaningsih et al., 2026).

Third, the framework should include comprehensive training for *penghulu*, KUA counselors, and health professionals to communicate the Islamic rationale effectively, provide compassionate counseling in response to challenging results, and maintain strict confidentiality (Syarifuddin, 2011; Khoiruddin Nasution, 2004). *Maqasid al-Shari'ah* literacy integration into counseling curricula would strengthen cultural/religious legitimacy and overcome cultural resistance. Experience from Saudi Arabia, UAE, and Bahrain with mandatory screening programs provides instructive models (Auda, 2008; Husni et al., 2015).

Conclusion

This study examined premarital medical testing from the perspective of *Maqasid al-Shari'ah* and demonstrated that it is a religiously grounded imperative serving multiple fundamental objectives of Islamic law. Three principal conclusions emerge.

First, premarital medical testing is urgently necessary in contemporary Indonesia. The health risks it addresses—sexually transmitted infections (HIV/AIDS, syphilis, hepatitis B/C), hereditary conditions (thalassemia 6-10% carrier rate, 25% probability of thalassemia major), fertility conditions (10-15% couples affected), and maternal-infant mortality factors—are real, prevalent,

and highly consequential. Without health knowledge, couples embark on a shared biological journey in ignorance of mitigatable risks. Classical Islamic medicine recognized that children's characteristics reflect parental genetic contribution, underscoring the religious rationale for pre-conception health assurance.

Second, premarital testing aligns directly with *Maqasid al-Shari'ah*. It serves *hifẓ al-nafs* (protection of life) by preventing disease transmission and *hifẓ al-nasl* (protection of progeny) through genetic screening. Within the *Maqasid* hierarchy, it is categorized at *hajiyyat* under *daruriyyat* objectives, representing institutional application of *sadd al-dhara'i'* and *dar' al-mafasid* principles. It also aligns with *hifẓ al-'aql* (preventing neurological damage), *hifẓ al-mal* (financial protection), and *hifẓ al-din* (health as a prerequisite for religious practice).

Third, Indonesia's current legal framework is inadequate. Joint Instruction No. 02 of 1989—over three decades old—fails to address contemporary health risks and creates gender inequality by excluding male candidates. A comprehensive national regulation by the Kementerian Agama and the Kementerian Kesehatan, grounded in *the Maqasid* rationale and with subsidized access, is urgently needed. Recommendations include: (1) mandatory screening for both genders; (2) BPJS Kesehatan integration; (3) training for *penghulu* and KUA counselors; (4) adoption of Muslim-majority country models (Saudi Arabia, UAE, Bahrain).

Findings have implications for Indonesian family law policy, the KUA premarital counseling curriculum, and the integration of health literacy into Islamic marriage preparation. Future research should examine the implementation of mandatory screening in Muslim-majority jurisdictions, evaluate the outcomes of voluntary screening in Indonesian urban centers, and explore the perspectives of prospective spouses, scholars, and medical professionals. This research extends the *Maqasid*-based analysis tradition by applying the framework to premarital testing in the Indonesian context, contributing: (1) *daruriyyat*-versus-*hajiyyat* distinction for preventive measures; (2) Indonesian empirical data; (3) *sadd al-dhara'i'* and *dar' al-mafasid* confluence; (4) *wajib kifayah* versus *wajib 'ayn* mediation.

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