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From Uncertain to Proven: Evidentiary Closure and the Reversal of the Indonesian Ulema Council's Vasectomy Fatwa, 2009–2012

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Abstract

Existing scholarship on the Indonesian Ulema Council's (MUI) vasectomy fatwas has traced the macro-trajectory of legal change across the three temporal nodes of 1979, 2009, and 2012, interpreting the shift from absolute prohibition to conditional permissibility through the lenses of sociology of knowledge, *maslahah mursalah*, and *maqāṣid al-sharīʿah*. The central puzzle of the transformation has remained unaddressed: between the Third National Ijtima' in Padang Panjang (January 2009) and the Fourth National Ijtima' in Cipasung (July 2012), the same medical phenomenon, the recanalisation of the vas deferens, produced two opposite legal verdicts. This article reconstructs the three-year micro-history through which a scientific controversy reached institutional closure within an Islamic legal forum. Bringing *uṣūl al-fiqh* into dialogue with Science and Technology Studies (STS), the analysis draws on both Ijtima' decision documents, the 2009 Halqah expert testimonies, Ministry of Health Letter No. TU.05.02/V/1016/2012, and the position statement of the Indonesian Association of Urological Surgeons (IAUI). The findings show that the reversal was driven not by jurisprudential reformulation but by evidentiary reconfiguration: the same evidence considered non-*muḥaqqaqah* in 2009 was reframed as *muḥaqqaqah* in 2012 once endorsed by state regulatory science and professional medical authority. The article contributes a methodological case for integrating STS frameworks into the study of contemporary Islamic jurisprudence, and shows that the persistent Indonesian controversy over vasectomy, most recently the 2025 policy debate over conditioning social assistance on the procedure, cannot be understood without grasping how its evidentiary closure was institutionally manufactured.

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A. Introduction

In late April 2025, the Governor of West Java announced an intention to make vasectomy a precondition for low-income households to receive provincial social assistance (Tempo, 2025). Within ten days, the proposal was opposed by the National Commission on Human Rights, the Coordinating Minister for Community Empowerment, and the West Java branch of the Indonesian Ulema Council (MUI), which grounded its rejection on the 2012 fatwa issued by the Fourth National Ijtima' of Indonesian Fatwa Commissions in Cipasung, the operative reference point for vasectomy in Indonesian Islamic jurisprudence (Majelis Ulama Indonesia [MUI], 2012). The national leadership of MUI likewise reaffirmed that vasectomy remains prohibited and that a policy contrary to the fatwa should not be obeyed (MUI, 2025), and the governor subsequently stated that vasectomy would not

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be made a condition for receiving social assistance (Antara News, 2025; CNN Indonesia, 2025). The controversy demonstrates that the legal status of vasectomy, far from being a settled doctrinal matter, remains a live site at which religious authority, biomedical knowledge, and state biopolitics are negotiated in contemporary Indonesia.

The relationship between fatwa-making and scientific knowledge has become a prominent theme in recent research on Indonesian Islamic law. Studies of MUI's responses to the COVID-19 pandemic describe a turn towards science-based *ijtihād* and progressive fatwas that respond to public health conditions (Sholeh, 2020; Sodiqin, 2021). Research on vaccine fatwas shows how MUI combined Qur'anic verses, hadith, and laboratory evidence to rule on vaccines (Atabik & Muqtada, 2024; Muslimin et al., 2021), and how the AstraZeneca fatwa drew on *qiyās* and *maqāṣid al-sharīʿah* while its use of *istiḥālah* was contested (Sa'diyah et al., 2022). A comparative study of medical fatwas between 2010 and 2021 analyses the interplay of religion and science across MUI's medical rulings (Sodiqin, 2025), and a recent study of fatwas on pork-derived medical substances concludes that scientific input largely confirms classical jurisprudential positions rather than displacing them (Abubakar et al., 2025). Similar questions have been raised for MUI's fatwas on climate change (Harnowo & Habib, 2024) and for the way *maqāṣid al-sharīʿah* operates in its reasoning (Syafei, 2017).

A second body of research examines the authority that makes such fatwas consequential. MUI has been described as a bureaucratised institution whose fatwas acquire quasi-legislative power (Alfitri, 2020; Mudzhar et al., 2012), as a central voice in Indonesian religious authority (Kaptein, 2004), and as an actor that must manage a plural field of Islamic opinion (Hosen, 2012). That authority is increasingly contested: digital media have reshaped the legitimacy of fatwas (Suaedy et al., 2023), female ulama have issued rulings that challenge traditional authority (Agustina & Ismah, 2024), and MUI's fatwa on interfaith greetings provoked public debate on religious tolerance (Dharta et al., 2025). In the field of halal certification, scientists and ulama now share authority within a fatwa committee established under the Ministry of Religious Affairs (Dzukroni et al., 2026). Together, these studies show that scientific expertise and state institutions have become part of the infrastructure of fatwa-making, but they rarely trace how a particular scientific claim acquires the standing needed to change a verdict.

The vasectomy fatwas of MUI span a thirty-three-year period across three decision points: an initial prohibition in 1979 (MUI, 1979), a re-examined prohibition in 2009 (MUI, 2009), and a revised prohibition with five exceptive conditions in 2012 (MUI, 2012). The trajectory has been read primarily through three interpretive lenses: as a case of legal change driven by a new *'illah* in the form of recanalisation success (Muhyiddin, 2014), as an exercise in *maslahah mursalah* responding to demographic and developmental pressures (Hatta, 2021), and as a sociology-of-knowledge narrative in which religious, scientific, and political domains negotiate authority (Aseri et al., 2025). Related studies have examined how regional ulama interpreted the changes of 1979, 2009, and 2012 (Yoga, 2013) and have classified the 2012 decision as a science-driven *rukhṣah* (Rasyid et al., 2023). These accounts have established the macro-trajectory but have left unexamined what is, on closer reading, the most analytically arresting feature of the transformation: between January 2009 and July 2012, the same institution assessed the same medical phenomenon and reached two opposite legal conclusions.

The 2009 Ijtima' document (MUI, 2009) explicitly acknowledged the existence of microsurgical recanalisation, heard the testimony of Prof. Farid Anfasa Moeloek of the Faculty of Medicine, Universitas Indonesia, and a representative of the National Population and Family Planning Board (BKKBN) at the 22 January 2009 Halqah, and nevertheless concluded that recanalisation "does not guarantee the recovery of fertility", ruling vasectomy *haram*. Three and a half years later, the 2012 Ijtima' document (MUI, 2012) acknowledged the same medical phenomenon, this time citing Ministry of Health Letter No. TU.05.02/V/1016/2012 and the position statement of the Indonesian Association of Urological Surgeons (IAUI), and concluded that recanalisation "has been proven successful and medically and professionally accountable", a finding upon which the conditional permissibility was constructed. The medical fact had not changed; its evidentiary status had. None of the existing studies on MUI's vasectomy fatwas (Hosen, 2004; Mudzhar, 1993; Muhyiddin, 2014; Hatta, 2021; Aseri et al., 2025) has reconstructed this three-year interval as a discrete object of analysis,

and none has asked how a contested scientific claim moved from non-*muḥaqqaqah* to *muḥaqqaqah* status within a single Islamic legal institution.

This article addresses that gap. It asks how, between January 2009 and July 2012, MUI moved from declaring the medical evidence on recanalisation insufficiently established for grounding legal revision to declaring it sufficiently established, and what this micro-historical reconstruction reveals about the institutional epistemology of Indonesian fatwa-making. The unit of analysis is the decision document and the evidentiary configuration it records. The argument is that the 2012 reversal was not driven by jurisprudential reformulation: the Qur'anic verses cited (al-An'ām 6:151; al-Isrā' 17:31; al-Shūrā 42:50; al-Nisā' 4:119), the *uṣūl* maxims invoked (*al-nahy 'an al-shay' nahy 'an wasā'ilihi*; *al-ḥukm yadūru ma'a 'illatihi wujūdan wa 'adaman*), and the *fiqh* maxim *lā yunkaru taghayyur al-aḥkām bi-taghayyur al-azminah wa al-amkinah wa al-aḥwāl wa al-'awā'id* (cf. Ibn Qayyim al-Jawziyyah, 1991, 3:11) appear in substantially identical form across the two documents. What changed was the evidentiary configuration. Three new actors entered the deliberative field: the Ministry of Health, which issued a regulatory-scientific instrument classifying recanalisation as accountable medical practice; the IAUI, which provided a professional-medical framing of vasectomy as *taghyīr* requiring justification through *ḍarūrah* or *ḥājah*; and the discursive category of *muḥaqqaqah* certainty, which functioned as a barrier to revision in 2009 and as an enabler of it in 2012.

The article contributes to three registers. First, it inverts the unit of analysis from the thirty-three-year macro-trajectory to the three-year evidentiary interval, and demonstrates that this micro-historical framing reveals processes invisible at the macro scale. Second, it brings *uṣūl al-fiqh* into systematic dialogue with Science and Technology Studies, specifically the Pinch and Bijker model of controversy closure (Pinch & Bijker, 1984) and Jasanoff's account of regulatory science (Jasanoff, 1990, 2004), showing that these frameworks resonate with rather than substitute for classical Islamic legal categories such as *taḥaqquq al-'illah*. Third, it reframes the relationship between Islamic legal change and biomedical knowledge: the 2009–2012 reversal was not the case of a doctrinal framework adapting to new science but of an institutional epistemology reconfiguring which sources of scientific authority were sufficient to ground a finding of *taḥaqquq*. This reframing has implications beyond vasectomy for the contemporary study of Islamic jurisprudence on vaccines, organ transplantation, assisted reproduction, and gene editing, domains in which MUI's verdicts likewise rest on evidentiary infrastructures whose institutional manufacture has not yet been adequately theorised.

The remainder of the article is organised as follows. The Methods section describes the research design, the corpus, the analytical procedure, and the analytical framework that brings *uṣūl al-fiqh* and STS into dialogue. The Results section reconstructs the 2009 and 2012 decisions and the mechanisms that link them. The Discussion section compares these findings with previous studies, proposes an integrative framework of evidentiary closure, and considers its implications and limitations. The Conclusion summarises the main findings and outlines directions for future research.

B. Methods

This article employs a qualitative socio-legal methodology combining doctrinal-textual analysis, institutional micro-history, and conceptual reconstruction. The choice is dictated by the nature of the puzzle: an explanatory account of how a single Islamic legal institution produced two opposite verdicts on the same medical phenomenon within a three-year interval cannot be developed through normative juridical analysis alone, nor through purely sociological interpretation that bypasses the textual architecture of the fatwas themselves. The methodology is socio-legal in the sense developed by Cotterrell (2018) and applied to Islamic legal contexts by Lukito (2013) and Hooker (2008): law is read as both a system of internal reasoning and a product of institutional and social processes whose interaction can be traced through the documents the institution produces. The same orientation informs historical and anthropological studies of Islamic law in Indonesia, which read legal texts alongside the institutions and public debates that shape them (Bowen, 2003; Feener, 2007; Salim, 2008).

The corpus consists of three layers. The primary jurisprudential layer comprises the three vasectomy decisions of the Indonesian Ulema Council (MUI, 1979, 2009, 2012), retrieved as PDF

documents from the official archive at fatwamui.com and the official MUI website. The primary evidentiary layer comprises the documents cited within the 2012 decision as new sources of authority: the Ministry of Health Letter No. TU.05.02/V/1016/2012 (Kementerian Kesehatan Republik Indonesia, 2012) and the position statement of the Indonesian Association of Urological Surgeons (IAUI) (Ikatan Ahli Urologi Indonesia, 2012), both reproduced in the *dasar penetapan* section of MUI (2012). Because these documents are referenced by MUI but not separately archived online, they are treated as cited-within-document sources following the convention in legal-historical research where the institution's own framing of an external document is itself analytically significant. The contextual layer comprises the 2009 Halqah expert testimonies of Prof. Farid Anfasa Moeloek (Faculty of Medicine, Universitas Indonesia; former Minister of Health, 1998–1999) and Furqan la Faried (BKKBN), reconstructed from the 2009 decision document and triangulated against contemporaneous news coverage in Republika, Tempo, and the official MUI website. Table 1 summarises the three layers.

Table 1. Corpus of the study

Layer	Documents	Access	Analytical use
Primary jurisprudential	MUI vasectomy decisions of 1979, 2009, and 2012	PDF documents from fatwamui.com and the official MUI website	Comparative textual mapping
Primary evidentiary	Ministry of Health Letter No. TU.05.02/V/1016/2012; IAUI position statement	Cited within document: reproduced in the *dasar penetapan* of MUI (2012), items 13 and 14	Evidentiary tracing of new sources of authority
Contextual	2009 Halqah testimonies of Prof. Farid Anfasa Moeloek and Furqan la Faried (BKKBN)	Reconstructed from MUI (2009); triangulated with Republika, Tempo, and the MUI website	Reconstruction of the 2009 evidentiary configuration

Source: Authors' compilation based on MUI (1979, 2009, 2012).

Table 1 shows that the corpus is deliberately narrow. Every layer is anchored in the decision documents themselves: the evidentiary layer is accessible only through MUI's own reproduction of it, and the contextual layer is reconstructed from the 2009 decision and checked against news coverage. This design keeps the analysis close to what the institution itself recorded as the basis of its verdicts, which is the object the research question requires.

Analysis proceeded in three stages. First, comparative textual mapping: the three decisions were segmented into their constitutive components (*deskripsi masalah*, *ketentuan hukum*, *dasar penetapan*, *rekomendasi*), and each component was compared across documents to identify what was identical, what was modified, and what was newly introduced. Second, evidentiary tracing: every external authority cited in the 2009 and 2012 decisions was catalogued and classified as either jurisprudential (Qur'anic verses, hadith, *uṣūl* maxims, *fiqh* maxims, prior fatwas), expert-testimonial (named medical authorities), regulatory (state agency documents), or professional-medical (medical association statements). Third, conceptual reconstruction: the discursive shifts identified through the first two stages were interpreted through the dual analytical idiom of *uṣūl al-fiqh* (specifically the categories of *taḥaqquq al-'illah*, *muḥaqqaqah*, *ḍarūrah*, and *ḥājah*) and Science and Technology Studies (specifically the Pinch and Bijker model of controversy closure and Jasanoff's account of regulatory science). The procedure is summarised in Figure 1.

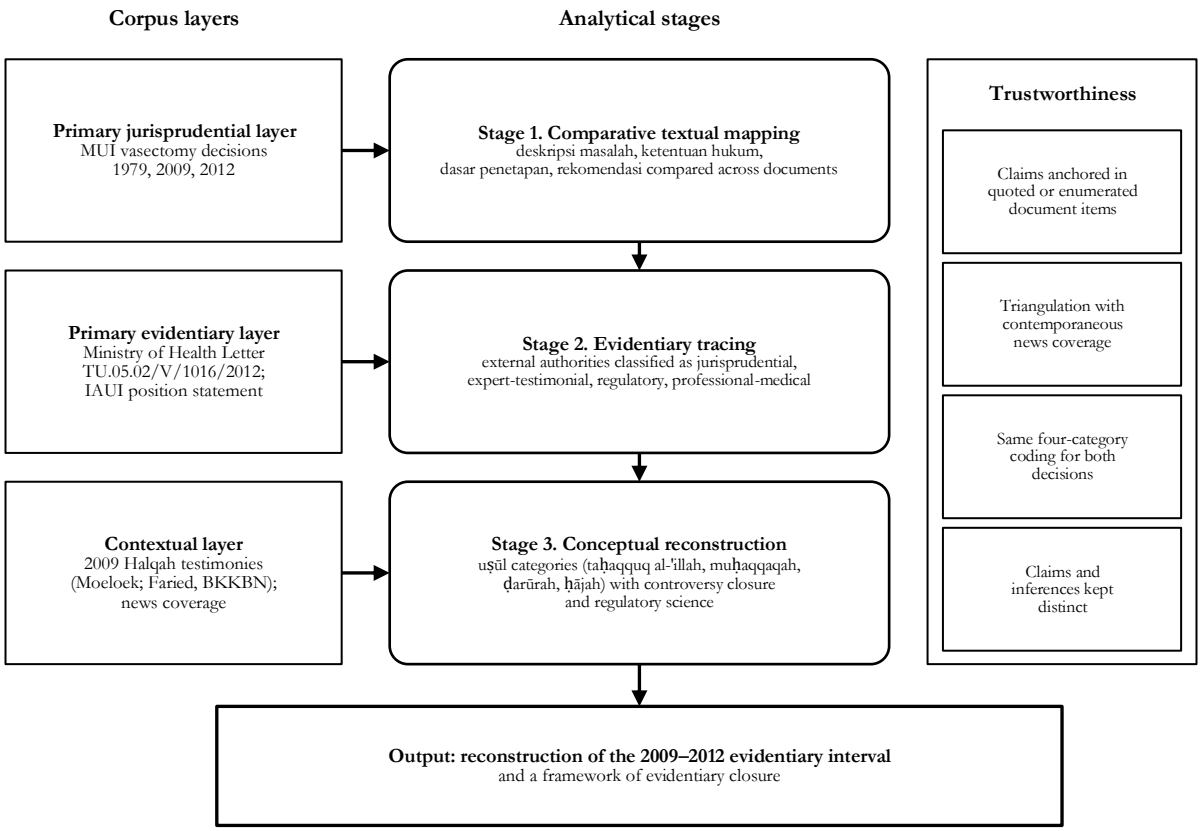


Figure 1. Analytical procedure of the study

Source: Authors' elaboration.

Figure 1 should be read from top to bottom. The three corpus layers feed the three analytical stages in sequence, so that the conceptual reconstruction in the final stage rests on the textual mapping and evidentiary catalogue produced earlier. The column on the right records the measures used to keep the reconstruction trustworthy, which are described in the next paragraph.

Trustworthiness was pursued in four ways. First, every claim about what changed between 2009 and 2012 is anchored in a quotation or an enumerated item of the decision documents, so that readers can check the reconstruction against the sources. Second, the contextual layer was triangulated against contemporaneous news coverage. Third, the four-category classification of external authorities was applied in the same way to both decisions, so that differences between them reflect the documents rather than changes in coding. Fourth, the analysis distinguishes explicitly between what the documents show and what is inferred from them.

The methodology has acknowledged limitations. The internal deliberations of MUI's Komisi Fatwa between 2009 and 2012 are not publicly accessible; the analysis can therefore reconstruct what changed in the documents but not, with the same evidentiary confidence, the institutional negotiations that produced those changes. The article addresses this limitation by being explicit about what it claims and what it infers, and by anchoring inferential claims in textual evidence drawn from the documents themselves.

1. Analytical Framework: Uṣūl al-Fiqh and Science and Technology Studies in Dialogue

The analytical framework of this article rests on a deliberate juxtaposition: the classical *uṣūl al-fiqh* category of *taḥaqquq al-'illah* (the establishment of legal cause) and the Science and Technology Studies (STS) concept of closure of scientific controversy (Pinch & Bijker, 1984). The juxtaposition is neither metaphorical nor opportunistic. Both concepts address the same underlying question, namely how a contested empirical claim acquires sufficient stability to ground binding normative conclusions, and both have been developed within their respective traditions to track the institutional, not merely cognitive, dimensions of that stabilisation.

a) *Taḥaqquq al-'Illah and the Epistemic Architecture of Uṣūl*

In classical *uṣūl al-fiqh*, the legal ruling (*ḥukm*) of a matter is held to vary with the presence or absence of its operative cause (*'illah*), as captured in the foundational maxim *al-ḥukm yadūru ma'a 'illatihi wujūdan wa 'adaman*, the ruling rotates with its cause in existence and non-existence (al-Suyūṭī, 1983; al-Shāṭibī, 1997). The identification and verification of the *'illah* occupies a central place in classical legal theory (al-Ghazālī, n.d.; Hallaq, 1997). The maxim is not a purely doctrinal abstraction; it requires that the *'illah* be epistemically established (*muḥaqqaq*) before it can ground a revision of the *ḥukm*. Ibn Qayyim al-Jawziyyah (1991, 3:11) extends this principle to the well-known formula *taghayyur al-fatwā wa-ikhtilāfuhā bi-ḥasab taghayyur al-azminah wa-l-amkinah wa-l-aḥwāl wa-l-niyyāt wa-l-'awā'id*: fatwas change with changes in time, place, conditions, intentions, and customs. The formula belongs to a long tradition of reflection on how fatwas respond to circumstances (Ibn Taymiyyah, 1987; al-Qarāḍāwī, 1996), and it has acquired renewed prominence in contemporary Indonesian fatwa discourse (Sholeh, 2016, 2024).

What this classical apparatus highlights, but does not fully theorise, is the institutional question: who decides when an *'illah* is sufficiently established? The classical *uṣūl* tradition operated within a scholarly economy in which *taḥaqquq* could plausibly be assessed by the trained *muftī* drawing on shared epistemic standards (Caeiro, 2006; Hallaq, 2009). In contemporary biomedical fatwas, where the relevant *'illah* is a technical medical claim, the success or failure of microsurgical recanalisation, the assessment of *taḥaqquq* is no longer a wholly internal matter of *uṣūl*. It depends on whom the institution recognises as competent to certify the medical fact, and through what evidentiary procedures. The shift towards collective *ijtihād* in modern fatwa bodies (Makhlouf, 2020) and the growing reliance on dialogue between jurists and physicians in Islamic bioethics (Padela, 2021) make this question more pressing.

b) *Controversy Closure and Regulatory Science*

This is precisely the question that STS has theorised in the post-1980 literature. Pinch and Bijker (1984) introduced the concept of interpretive flexibility: the same empirical observation can support multiple competing interpretations until institutional and social processes produce closure, a stabilisation in which one interpretation becomes treated as the default fact for downstream decisions. Closure is not necessarily epistemically warranted by the evidence alone; it is achieved through what Pinch and Bijker term closure mechanisms, which include rhetorical closure (a relevant social group reinterprets the problem as solved) and closure by redefinition of the problem. Latour (1987) similarly showed that scientific statements become facts as they are taken up and relied upon by networks of actors.

Jasanoff (1990, 2004) has extended this framework to the institutional domain by introducing regulatory science, the distinct mode of scientific knowledge production in which state agencies, professional bodies, and adjudicative institutions co-produce facts that are simultaneously scientific and legally consequential. In Jasanoff's (2004) idiom of co-production, scientific knowledge "both embeds and is embedded in" social institutions; "ways of knowing the world are inseparably linked to how people seek to organize and control it" (p. 2). Collins and Evans (2002) further developed the analytic vocabulary by distinguishing types of expertise and by identifying what they term the problem of extension, the question of who counts as competent to certify a contested scientific claim.

c) *The Productive Resonance*

When these two intellectual traditions are placed in dialogue, three resonances emerge. First, *taḥaqquq al-'illah* and closure of scientific controversy both name the moment at which a contested claim becomes available as a stable premise for institutional decision-making. Second, the *uṣūl* concept of *muḥaqqaqah* (epistemically established) and the STS concept of closure both turn out, on close inspection, to be institutionally rather than purely cognitively achieved. Third, the question of who certifies *taḥaqquq* in modern biomedical fatwas, analogous to the STS question of which expert communities can authorise closure, is the precise question that the existing literature on MUI's vasectomy fatwas has not posed.

The framework adopted here therefore treats *uṣūl al-fiqh* and STS not as competing but as complementary registers for analysing the same institutional process. STS provides analytic vocabulary for the institutional mechanics; *uṣūl al-fiqh* provides the doctrinal categories within which Indonesian fatwa-making actors actually reason (Awass, 2019; Skovgaard-Petersen, 2015). Neither alone is sufficient to explain the 2009–2012 reversal.

C. Results

1. Padang Panjang, January 2009: Closure Refused

The Third National Ijtima' of MUI Fatwa Commissions convened in Padang Panjang, West Sumatra, on 26 January 2009 (29 Muharram 1430 H), chaired by KH Ma'ruf Amin and with Drs. H.M. Ichwan Sam as Secretary (MUI, 2009). The vasectomy decision (Komisi B) opens with a *deskripsi masalah* that explicitly acknowledges the medical development that motivates re-examination of the 1979 prohibition: "with the development of technology, vasectomy can now be reversed; the joining of the vas deferens (*vas deferen*) can be done by urologists using microsurgery, although the capacity to have children again will be greatly reduced depending on the duration of the vasectomy" (MUI, 2009, Deskripsi Masalah).

The evidentiary base of the 2009 decision contains eleven enumerated *dasar penetapan*: four Qur'anic verses (al-An'ām 6:151; al-Isrā' 17:31; al-Shūrā 42:50; al-Nisā' 4:119), two hadith from al-Dārimī and Aḥmad, two *uṣūl* maxims (*al-nahy 'an al-shay' nahy 'an wasā'ilihi*; *al-ḥukm yadūru ma'a 'illatihi*), one *fiqh* maxim on the change of rulings with changing conditions, and one item of expert-testimonial evidence: the explanations of Prof. Farid Anfasa Moeloek (Faculty of Medicine, Universitas Indonesia) and Furqan la Faried (BKKBN) at the Halqah MUI tentang Vasektomi dan Tubektomi held in Jakarta on 22 January 2009. The decision concludes: "vasectomy as a contraceptive instrument is currently performed by cutting the sperm channel. This results in permanent infertility. Recanalisation efforts (re-joining) do not guarantee the recovery of fertility. Therefore, the Ijtima' of MUI Fatwa Commissions Indonesia decides that the practice of vasectomy is haram" (MUI, 2009, Ketentuan Hukum).

Two analytical observations follow. First, the 2009 institution had access to the medical claim about recanalisation; the document is explicit about it. Second, the institution declined to treat that claim as *muḥaqqaqah*. The expert testimony of a medical professor and a state agency representative was insufficient to close the controversy in a direction that would relax the prohibition. In STS terms, interpretive flexibility was preserved: the same medical evidence remained available for opposite jurisprudential conclusions, and the institution chose the conservative interpretation.

2. Cipasung, July 2012: Closure Achieved

The Fourth National Ijtima' convened in Pondok Pesantren Cipasung, Tasikmalaya, on 1 July 2012 (11 Sya'bān 1433 H) (MUI, 2012). The structural architecture of the decision document is substantially identical to that of 2009: the same opening *deskripsi masalah*, the same opening Qur'anic verses, the same hadiths, the same *uṣūl* and *fiqh* maxims. What is different is the addition of two new evidentiary items in the *dasar penetapan*. Item 13 cites Ministry of Health Letter No. TU.05.02/V/1016/2012, which states that "based on the study conducted by the Indonesian Association of Urology (IAUI), recanalisation can be performed after vasectomy, where this recanalisation procedure has at present been proven successful in restoring the function of the spermatozoa channel and recovering fertility as before vasectomy. The result of this recanalisation procedure can be accounted for, both medically and professionally" (MUI, 2012, Dasar Penetapan, item 13). Item 14 reproduces the IAUI's own technical-jurisprudential framing: the act of cutting the *vas deferens* falls within the category of *taghyīr* (alteration of created form), which is "not justified *syar'iyyan* except where there are specific conditions that necessitate cutting (*ḍarūrah* or *ḥājah*)" (MUI, 2012, Dasar Penetapan, item 14).

The *ketentuan hukum* of 2012 then arrives at a different verdict: vasectomy is *haram* except where five cumulative conditions are satisfied, namely that the purpose does not violate *sharī'ah*, that it does not produce permanent sterility, that there is a guarantee that recanalisation can restore

reproductive function, that no harm (*muḍlarat*) is incurred, and that it is not incorporated into a programme of permanent contraception (MUI, 2012, Ketentuan Hukum).

The crucial discursive shift between 2009 and 2012 is captured in a single sentence: the same recanalisation that "does not guarantee the recovery of fertility" in 2009 is, in 2012, "proven successful in restoring the function of the spermatozoa channel and recovering fertility as before". The medical fact has not changed. Its evidentiary status has. In *uṣūl* terms, what was non-*muḥaqqaqah* in 2009 has become *muḥaqqaqah* in 2012. In STS terms, the controversy has reached closure. Table 2 compares the two decisions component by component.

Table 2. Comparison of the 2009 and 2012 vasectomy decisions

Component	Padang Panjang, 2009	Cipasung, 2012
Forum and date	Third National Ijtima', 26 January 2009	Fourth National Ijtima', 1 July 2012
Qur'anic verses	al-An'ām 6:151; al-Isrā' 17:31; al-Shūrā 42:50; al-Nisā' 4:119	Same
Hadith	al-Dārimī and Aḥmad	Same
Uṣūl and *fiqh* maxims	*al-nahy 'an al-shay' nahy 'an wasā'ilihi*; *al-ḥukm yadūru ma'a 'illatihi*; maxim on the change of rulings with changing conditions	Same
Medical evidence	Expert testimony of Prof. Farid Anfasa Moeloek and Furqan la Faried at the Halqah of 22 January 2009	Ministry of Health Letter No. TU.05.02/V/1016/2012 (item 13); IAUI position statement (item 14)
Status of recanalisation	"does not guarantee the recovery of fertility" (non-*muḥaqqaqah*)	"proven successful" and "can be accounted for, both medically and professionally" (*muḥaqqaqah*)
Verdict	Vasectomy is *haram*	*Haram* except where five cumulative conditions are satisfied

Source: Authors' analysis based on MUI (2009, 2012).

Table 2 makes the asymmetry of the change visible. Every jurisprudential component of the two decisions is the same, whereas the evidentiary components and the status assigned to recanalisation differ. The only new entries in 2012 are the two documents of the Ministry of Health and the IAUI, and the verdict changes from an unqualified prohibition to a prohibition with five cumulative exceptions.

3. Tracing the Mechanism

Three mechanisms operating between January 2009 and July 2012 produced this evidentiary transition. First, the type of supporting evidence shifted from individual expert testimony (Moeloek and Faried at the 2009 Halqah) to institutional regulatory documentation (Ministry of Health Letter, IAUI position statement). The shift is not merely additive; it represents a movement from what Collins and Evans (2002) call interactional expertise (knowledge mediated through individual experts) to what Jasanoff (1990) terms regulatory science (knowledge stabilised through state and professional institutions). Second, the frame in which the medical claim was assessed shifted. In 2009, recanalisation was framed as an uncertain probabilistic outcome ("does not guarantee"). In 2012, it was framed as a procedure that "can be accounted for, both medically and professionally", language transposed directly from regulatory and professional registers into the *dasar penetapan*. Third, the IAUI introduced a jurisprudentially actionable framing, vasectomy as *taghyīr* qualified by *ḍarūrah* or *ḥājah*, that translated the medical claim into the conceptual idiom of *uṣūl* in a way that the 2009 expert testimony had not.

The reversal of the verdict thus did not require any modification of the underlying jurisprudential apparatus. The Qur'anic verses are the same. The hadiths are the same. The *uṣūl* and *fiqh* maxims are the same. What changed was the institutional configuration of evidentiary authority through which the *'illah* was assessed. Figure 2 represents this pathway.

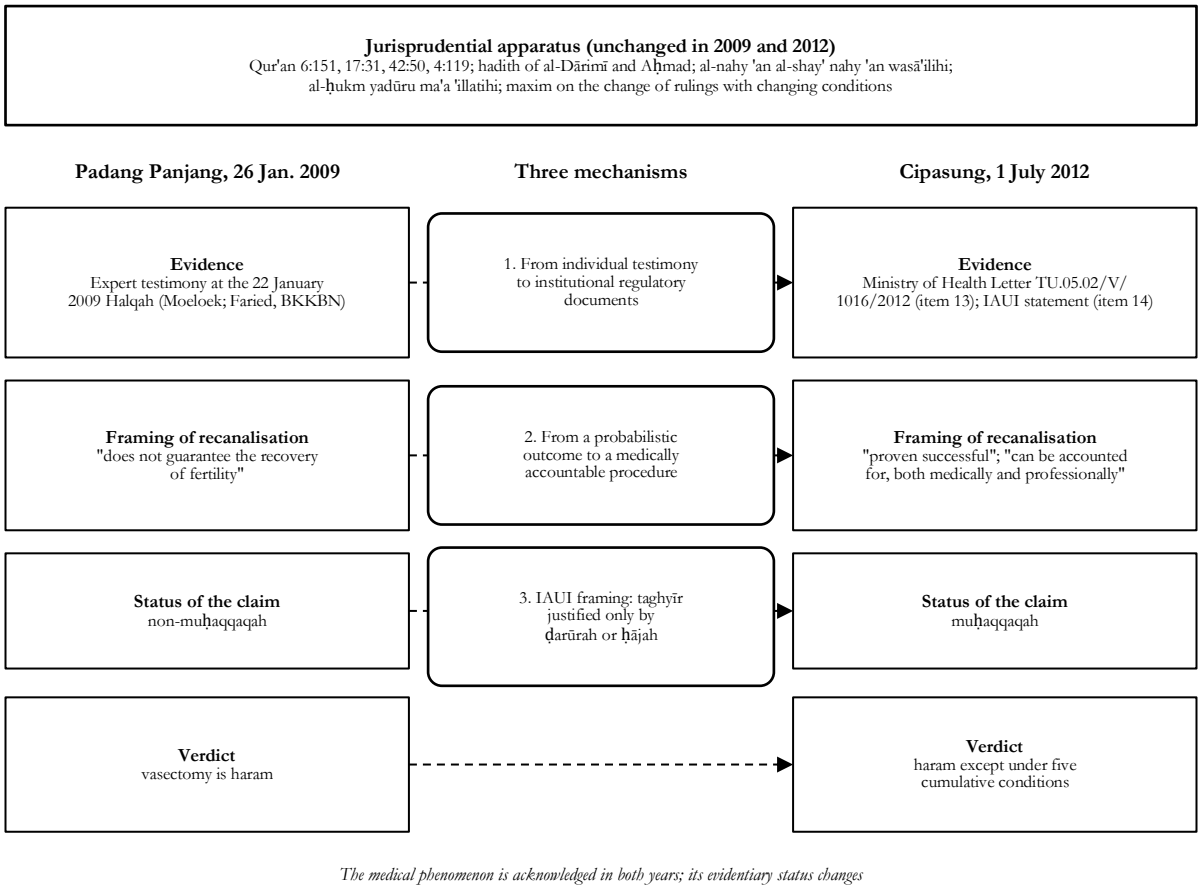


Figure 2. Evidentiary pathway from the 2009 to the 2012 decision

Source: Authors' analysis based on MUI (2009, 2012).

Figure 2 places the two decisions side by side. The jurisprudential apparatus at the top runs unchanged across both years, while the evidentiary configuration below it changes through the three mechanisms shown in the centre. The status of recanalisation, and with it the verdict, follows the evidentiary configuration rather than the jurisprudential apparatus.

D. Discussion

This study set out to explain how the same institution reached opposite verdicts on the same medical phenomenon within three years. The results show that the jurisprudential apparatus remained constant, that the medical phenomenon had already been acknowledged in 2009, and that the change lay in the evidentiary configuration through which recanalisation was assessed. This section compares these findings with previous research, consolidates them into an integrative framework, and considers their implications and limitations.

1. Comparative and Contextual Analysis

The analytical pattern identified in the 2009–2012 reversal is not idiosyncratic to vasectomy. Comparable patterns can be observed across MUI's biomedical fatwa corpus. Aseri et al. (2025) document that the meningitis vaccine fatwas of 2009 and 2010 were similarly transformed by the entry of new institutional actors, in that case the certification of a halal-compliant vaccine produced under state-coordinated regulatory science. Hosen (2004) and Mudzhar (1993) trace earlier patterns in which MUI's evidentiary architecture has incorporated state agencies as authoritative sources. Ichwan (2005) shows how the post-Suharto reconfiguration of MUI's institutional position itself altered the agency's relation to state regulatory science. The vasectomy case is distinctive less for the existence of the pattern than for the unusual transparency with which the documentary record exposes its mechanics: two decisions on the same question, three years apart, with the evidentiary configuration as the principal variable.

These findings both extend and qualify recent studies of science in Indonesian fatwas. Rasyid et al. (2023) read the 2012 vasectomy decision as a science-driven *rukhṣah* that followed new medical findings, and Muhyiddin (2014) identifies recanalisation success as a new *'illah*. The present reconstruction agrees that medical knowledge was decisive, but it shows that the relevant knowledge was not new in 2012: recanalisation was already acknowledged in 2009. What was new was the institutional standing of that knowledge. The finding also differs from the study of pork-derived medical substances by Abubakar et al. (2025), in which scientific input mainly confirmed classical positions; in the vasectomy case, the same kind of input, once institutionally certified, changed the verdict. Studies of vaccine fatwas offer a closer parallel. In the COVID-19 vaccine fatwas, laboratory evidence entered the *dasar penetapan* alongside scriptural sources (Atabik & Muqtada, 2024), and the AstraZeneca fatwa was requested by the government to guide its vaccination programme (Sa'diyah et al., 2022). These cases, together with the science-based *ijtihād* described for pandemic worship (Sholeh, 2020; Sodiqin, 2021) and the broader analyses of MUI's medical fatwas (Muslimin et al., 2021; Sodiqin, 2025), suggest that state and laboratory documents have become a regular channel through which scientific claims reach MUI's deliberations. The vasectomy reversal shows how consequential that channel can be.

A productive comparative point is provided by the contrast between MUI and the Majma' al-Fiqh al-Islāmī of the Organisation of Islamic Cooperation, which addressed reproductive technology questions in its 1985 and 1988 sessions (Krawietz, 2003). The Majma' operated through standing scholarly committees rather than through the kind of state-institutional interface that characterises MUI's relationship with the Ministry of Health and BKKBN. The result, as documented in comparative literature on Islamic biomedical jurisprudence (Eich, 2008; Atighetchi, 2007), is that the Majma' fatwas tended to remain more stable across time but also less responsive to state-coordinated regulatory science. MUI's distinctive vulnerability, and distinctive responsiveness, to evidentiary reconfiguration is partly a structural consequence of its hybrid position as a quasi-state body authorised, as Hosen (2004) and Ichwan (2005) document, to issue fatwas that carry quasi-regulatory weight. This reading is consistent with accounts of the bureaucratisation of fatwa in Indonesia and of the quasi-legislative standing of MUI's rulings (Alfitri, 2020; Mudzhar et al., 2012), and with the recent institutionalisation of scientists and ulama within a state fatwa committee for halal certification (Dzukroni et al., 2026).

A second comparative observation concerns the contrast between MUI's vasectomy fatwa and the official positions of Muhammadiyah and Nahdlatul Ulama. Muhyiddin (2014) documents that Muhammadiyah scholars accepted the 2012 reversal but added further conditions, while NU scholars contested whether the success of recanalisation had yet reached the threshold of *muḥaqqaqah*, holding that "one or two cases of successful recanalisation" did not constitute conclusive evidence. The disagreement is not over the medical fact but over the institutional standard for closure. MUI's 2012 acceptance was made possible by its institutional embeddedness in regulatory science; NU's rejection was made possible by its independence from that embeddedness. The episode illustrates the plurality of Islamic authority that MUI must manage (Hosen, 2012; Kaptein, 2004), a plurality that has since been amplified by digital media (Suaedy et al., 2023), by alternative fatwa-issuing networks such as female ulama (Agustina & Ismah, 2024), and by public contestation of MUI's rulings (Dharta et al., 2025). The 2025 dispute over vasectomy and social assistance, in which MUI reaffirmed its prohibition against a provincial policy proposal (MUI, 2025), shows that an evidentiary closure achieved in 2012 continues to shape public controversy more than a decade later.

2. Towards an Integrative Framework: Evidentiary Closure in Indonesian Fatwa-Making

The findings of the foregoing analysis can be consolidated into a four-component framework for understanding how contemporary Indonesian Islamic legal institutions adjudicate biomedical questions. The framework treats fatwa-making on biomedical matters as the outcome of an interaction among (1) a stable jurisprudential apparatus (Qur'anic and hadith sources, *uṣūl* and *fiqh* maxims, prior fatwas), (2) a contested medical fact whose epistemic status is undetermined ex ante, (3) an evidentiary configuration through which the medical fact is presented to the institution, and (4) an institutional decision about whether the configuration has achieved *taḥaqquq*.

Within this framework, legal change can occur through any of three pathways. The first pathway, which the existing literature on MUI's vasectomy fatwas has identified, is jurisprudential reformulation: the underlying *uṣūl* apparatus is modified, new maxims are invoked, prior fatwas are explicitly overturned. The second pathway, less commonly identified, is factual revision: the underlying medical claim genuinely changes due to new scientific findings. The third pathway, which the present analysis identifies as the operative one in the 2009–2012 reversal, is evidentiary reconfiguration: neither the jurisprudential apparatus nor the underlying medical fact changes; what changes is the institutional configuration of authorities through which the medical fact is assessed. Table 3 summarises the three pathways.

Table 3. Three Pathways of Legal Change in Biomedical Fatwa-Making

Pathway	Jurisprudential Apparatus	Medical Fact	Evidentiary Configuration	Verdict Change Possible
1. Jurisprudential reformulation	Modified	Stable	Stable	Yes
2. Factual revision	Stable	Modified	Stable	Yes
3. Evidentiary reconfiguration	Stable	Stable	Modified	Yes

Source: Author's analysis based on MUI (1979, 2009, 2012).

Table 3 shows that the three pathways can be distinguished by which component of the framework is modified while the others remain stable. In each case a change of verdict is possible, but only the third pathway leaves both the jurisprudential apparatus and the medical fact untouched. The relations among the four components and the three pathways are represented in Figure 3.

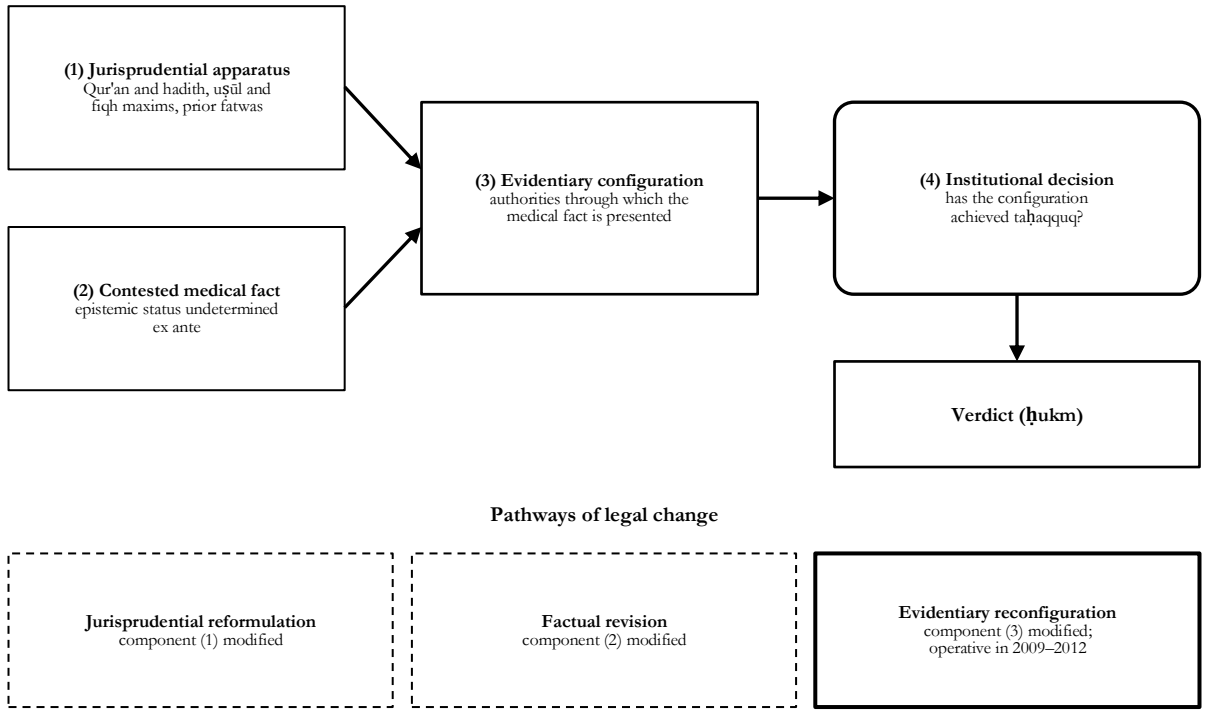


Figure 3. Integrative framework of evidentiary closure in biomedical fatwa-making

Source: Authors' elaboration.

Figure 3 should be read from left to right. The stable jurisprudential apparatus and the contested medical fact enter the institution through an evidentiary configuration, and the institutional decision on *taḥaqquq* determines the verdict. The three pathways at the bottom indicate where change can enter the process; the 2009–2012 vasectomy reversal followed the third.

3. Implications and Limitations

The recognition of the third pathway has both diagnostic and normative implications. Diagnostically, it explains how the same institution can produce opposite verdicts on the same question without any genuine disagreement at the level of either *uṣūl* or biomedical science. Normatively, it raises the question of whether evidentiary reconfiguration constitutes a legitimate ground for legal change in contemporary Islamic jurisprudence, a question that the 2009–2012 reversal forces but does not itself answer. Practically, the framework suggests that fatwa bodies could state more explicitly which sources they treat as sufficient to establish a medical *'illah*, so that the standard for *taḥaqquq* becomes visible and open to scrutiny. Comparable gaps between the spread of new technologies and the development of tools for assessing them have been documented in other fields, for example in quality assurance frameworks for educational technology (Haditia et al., 2026).

The study also has limitations. Its conclusions rest on the documentary record, and the internal deliberations of the Komisi Fatwa remain inaccessible. The Ministry of Health letter and the IAUI statement are available only as MUI reproduced them, so the analysis examines their institutional framing rather than their full original content. The framework is derived from a single, unusually well-documented reversal; its usefulness for other biomedical fatwas remains to be tested.

E. Conclusion

This article has reconstructed the three-year interval between the Third National Ijtima' at Padang Panjang in January 2009 and the Fourth National Ijtima' at Cipasung in July 2012, during which the Indonesian Ulema Council moved from declaring vasectomy *haram* to declaring it *haram* except under five cumulative conditions, and it reaches four conclusions: (1) the 2012 reversal was not driven by jurisprudential reformulation, since the Qur'anic verses, hadith, *uṣūl* and *fiqh* maxims invoked are substantially identical across the 2009 and 2012 documents; (2) nor was it driven by genuine scientific change, since the medical phenomenon of microsurgical recanalisation was already known to and acknowledged by MUI in January 2009; (3) what changed was the institutional configuration of evidentiary authority, as three new actors, the Ministry of Health, the Indonesian Association of Urological Surgeons, and the discursive category of *muḥaqqaqah* certainty, entered the deliberative field and produced what STS calls closure of a scientific controversy; and (4) this case supports a four-component framework of biomedical fatwa-making that identifies evidentiary reconfiguration as a distinct pathway of legal change alongside jurisprudential reformulation and factual revision. In making these points, the article inverts the unit of analysis from macro-trajectory to micro-historical interval and develops a dialogue between *uṣūl al-fiqh* and STS, showing that *taḥaqquq al-'illah* and closure of scientific controversy name analytically resonant institutional moments that have until now been studied within separate scholarly traditions. The implications extend beyond vasectomy: MUI's contemporary fatwas on vaccines, organ transplantation, assisted reproduction, and emerging questions in gene editing and AI-mediated medicine all rest on evidentiary infrastructures whose institutional manufacture has not yet been adequately theorised, and the persistent Indonesian controversy over vasectomy, including the 2025 policy debate, cannot be understood without grasping how its evidentiary closure was institutionally manufactured. Future research should extend the analytical framework developed here to other biomedical fatwas, examine the role of state-coordinated regulatory science in shaping Islamic legal verdicts across Muslim-majority democracies, attend to the growing digital mediation of religious guidance (Fatmawati et al., 2026; Suaedy et al., 2023), and engage in oral-historical reconstruction of MUI deliberative processes where access permits.

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Author Contributions

Ulfa Pirmani: conceptualisation, methodology, formal analysis, and writing of the original draft. Edi Kurniawan: conceptualisation, investigation, data curation, and review and editing of the

manuscript. Juharmen: resources, visualisation, and review and editing of the manuscript. Syarif Bin Muhammadromli Samae: validation, and review and editing of the manuscript. All authors have read and approved the final manuscript.

Conflict of Interest

The authors declare that there is no conflict of interest.

Ethical Approval

This study analysed publicly available documents, namely fatwa decisions, documents reproduced within them, and news reports, and did not involve human participants. Ethical approval was therefore not required.

Data Availability Statement

The MUI decisions analysed in this study are publicly available from the official MUI archives listed in the references. The Ministry of Health letter and the IAUI position statement are available only as reproduced in MUI (2012).

Declaration of Generative AI Use

During the preparation of this work, the authors used Claude and Grammarly to improve the language of the manuscript. After using these tools, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

REFERENCES

Abubakar, A., Harahap, M. R., Habibi, M., Nurdin, A., & Gayo, A. (2025). The integration of fiqh and science: The pork element in the medical fatwas of the Indonesian Ulema Council. *Samarah: Jurnal Hukum Keluarga dan Hukum Islam, 9*(3), 1680–1705. https://doi.org/10.22373/sjhk.v9.i3.31976

Agustina, A. M., & Ismah, N. (2024). Challenging traditional Islamic authority: Indonesian female ulama and the fatwa against forced marriages. *Journal of Islamic Law*, 5(1), 125–146. https://doi.org/10.24260/jil.v5i1.2319

Alfitri. (2020). Bureaucratizing fatwā in Indonesia: The Council of Indonesian Ulama and its quasi-legislative power. *Ulumuna*, 24(2), 367–397. https://doi.org/10.20414/ujis.v24i2.412

Al-Ghazālī, A. Ḥ. M. (n.d.). *Al-Mustaṣfā min 'ilm al-uṣūl* [The selected from the science of legal foundations] (Vols. 1–2). Dār al-Fikr.

al-Qarāḍāwī, Y. (1996). *Al-Ijtihād fī al-sharī'ah al-islāmiyyah: Ma'a naẓarāt taḥlīliyyah fī al-ijtihād al-mu'āṣirah* [Independent legal reasoning in Islamic law: With analytical perspectives on contemporary ijtihad]. Dār al-Qalam.

Al-Shāṭibī, A. I. I. ibn M. (1997). *Al-Muwāfaqāt fī uṣūl al-sharī'ah* [The reconciliation of the fundamentals of Islamic law] (M. 'A. Drāz, Ed., Vols. 1–4). Dār al-Ma'rifah.

Al-Suyūṭī, J. al-D. 'A. al-R. (1983). *Al-Ashbāh wa al-naẓā'ir fī qawā'id wa furū' fiqh al-Shāfi'iyyah* [Resemblances and similarities in the rules and branches of Shāfi'ī jurisprudence]. Dār al-Kutub al-'Ilmiyyah.

Antara News. (2025, May 9). *Gubernur Jabar sebut tidak ada syarat vasektomi untuk terima bansos*. https://www.antaranews.com/berita/4822509

Aseri, M., Rasyid, M., Mustapha, A. S. bin, Aseri, A. F., & Fedorchenko, O. (2025). Negotiating authority and knowledge: Religion, science, and politics in the fatwa transformations of the Indonesian Ulema Council. *Journal of Islamic Law*, 6(2), 286–316. https://doi.org/10.24260/jil.v6i2.4702

Atabik, A., & Muqtada, M. R. (2024). Maqashid Quran's critical view on Indonesian Ulema Council's fatwa on halal certification of COVID-19 vaccine. *HTS Teologiese Studies/Theological Studies, 80*(1), a9050. https://doi.org/10.4102/hts.v80i1.9050

Atighetchi, D. (2007). *Islamic bioethics: Problems and perspectives*. Springer. https://doi.org/10.1007/978-1-4020-4962-0

Awass, O. (2019). Fatwa, discursivity, and the art of ethical embedding. *Journal of the American Academy of Religion*, 87(3), 765–790. https://doi.org/10.1093/jaarel/lfz031

Bowen, J. R. (2003). *Islam, law and equality in Indonesia: An anthropology of public reasoning*. Cambridge University Press. https://doi.org/10.1017/CBO9780511615122

Caeiro, A. (2006). The shifting moral universes of the Islamic tradition of iftāʾ: A diachronic study of four adab al-fatwā manuals. *The Muslim World*, 96(4), 661–685. https://doi.org/10.1111/j.1478-1913.2006.00153.x

CNN Indonesia. (2025, May 8). *Dedi Mulyadi: Tidak ada kebijakan vasektomi untuk bansos*. https://www.cnnindonesia.com/nasional/20250508201342-20-1227452

Collins, H. M., & Evans, R. (2002). The third wave of science studies: Studies of expertise and experience. *Social Studies of Science*, 32(2), 235–296. https://doi.org/10.1177/0306312702032002003

Cotterrell, R. (2018). *Sociological jurisprudence: Juristic thought and social inquiry*. Routledge. https://doi.org/10.4324/9781315204925

Dharta, F. Y., Susanto, T., Anggara, R., Hariyanto, F., & Sianturi, H. R. P. (2025). MUI's fatwa on interfaith greetings and religious tolerance: Can Indonesia find a middle ground? *Frontiers in Communication*, 10, 1537568. https://doi.org/10.3389/fcomm.2025.1537568

Dzukroni, A. A., Hapsin, A., Di Dio, N., & Mas'ud, A. (2026). Rethinking religious authority: Fatwa committee, scientific expertise, and politics of halal certification in Indonesia. *Al-Ahkam, 36*(1), 105–132. https://doi.org/10.21580/ahkam.2026.36.1.29823

Eich, T. (2008). Decision-making processes among contemporary 'ulama: Islamic embryology and the discussion of frozen embryos. In J. Brockopp & T. Eich (Eds.), *Muslim medical ethics: From theory to practice* (pp. 61–78). University of South Carolina Press.

Fatmawati, Khoiriyah, N., Fauzan, Syam, A. R., Zh, M. H. R., Fauzi, A., & Ghani, M. F. A. (2026). Daʿwah in the digital age: Bridging al-Ghazālī's classical daʿwah pedagogy and digital television adoption among Indonesian Muslims. *Journal of Islamic Thought and Civilization, 16*(2), 234–260. https://doi.org/10.32350/jitc.162.13

Feener, R. M. (2007). *Muslim legal thought in modern Indonesia*. Cambridge University Press. https://doi.org/10.1017/CBO9780511497285

Haditia, M., Abubakar, I. Y., Rokimin, & Fauzi, A. (2026). Design and validation of a quality assurance framework for AI educational technology in low-resource settings. *Educational Technology in Developing Countries, 1*(1), 83–102. https://doi.org/10.64929/etdc.v1i1.68

Hallaq, W. B. (1997). *A history of Islamic legal theories: An introduction to Sunnī uṣūl al-fiqh*. Cambridge University Press. https://doi.org/10.1017/CBO9780511801891

Hallaq, W. B. (2009). *Sharī'a: Theory, practice, transformations*. Cambridge University Press. https://doi.org/10.1017/CBO9780511815300

Harnowo, T., & Habib, F. H. (2024). Islamic law and environment issues: Indonesian Ulama Council's fatwas on climate change. *AHKAM: Jurnal Ilmu Syariah*, 24(1), 101–118. https://doi.org/10.15408/ajis.v24i1.34161

Hatta, F. A. (2021). *Fatwa Majelis Ulama Indonesia tentang pembatasan keturunan melalui vasektomi dan tubektomi perspektif maslahah mursalah* [Master's thesis, IAIN Madura]. http://etheses.iainmadura.ac.id/1921/

Hooker, M. B. (2008). *Indonesian syariah: Defining a national school of Islamic law*. Institute of Southeast Asian Studies. https://doi.org/10.1355/9789812308054

Hosen, N. (2004). Behind the scenes: Fatwas of Majelis Ulama Indonesia (1975–1998). *Journal of Islamic Studies*, 15(2), 147–179. https://doi.org/10.1093/jis/15.2.147

Hosen, N. (2012). Hilal and halal: How to manage Islamic pluralism in Indonesia? *Asian Journal of Comparative Law*, 7(1), 1–18. https://doi.org/10.1017/S2194607800000582

Ibn Qayyim al-Jawziyyah, M. ibn A. B. (1991). *I'lām al-muwaqqi'in 'an Rabb al-'ālamīn* [Information for those who write on behalf of the Lord of the Worlds] (M. 'A. al-S. Ibrāhīm, Ed., Vols. 1–4). Dār al-Kutub al-'Ilmiyyah.

Ibn Taymiyyah, A. ibn 'A. al-Ḥ. (1987). *Majmū' fatāwā Shaykh al-Islām Ibn Taymiyyah* [Compilation of the fatwas of Shaykh al-Islām Ibn Taymiyyah] ('A. R. ibn M. ibn Qāsim, Ed., Vols. 1–37). Majma' al-Malik Fahd.

Ichwan, M. N. (2005). 'Ulamā', state and politics: Majelis Ulama Indonesia after Suharto. *Islamic Law and Society*, 12(1), 45–72. https://doi.org/10.1163/1568519053123867

Ikatan Ahli Urologi Indonesia. (2012). *Penjelasan Perhimpunan Dokter Spesialis Urologi Indonesia tentang vasektomi dan rekanalisasi*. (As cited in MUI, 2012, *Dasar Penetapan*, item 14).

Jasanoff, S. (1990). *The fifth branch: Science advisers as policymakers*. Harvard University Press.

Jasanoff, S. (Ed.). (2004). *States of knowledge: The co-production of science and social order*. Routledge. https://doi.org/10.4324/9780203413845

Kaptein, N. J. G. (2004). The voice of the 'ulamā': Fatwas and religious authority in Indonesia. *Archives de Sciences Sociales des Religions*, 125, 115–130. https://doi.org/10.4000/assr.1038

Kementerian Kesehatan Republik Indonesia. (2012). *Surat Kementerian Kesehatan Nomor TU.05.02/V/1016/2012 tentang rekanalisasi pasca-tindakan vasektomi*. (As cited in MUI, 2012, *Dasar Penetapan*, item 13).

Krawietz, B. (2003). Brain death and Islamic traditions: Shifting borders of life? In J. E. Brockopp (Ed.), *Islamic ethics of life: Abortion, war, and euthanasia* (pp. 194–213). University of South Carolina Press.

Latour, B. (1987). *Science in action: How to follow scientists and engineers through society*. Harvard University Press.

Lukito, R. (2013). *Legal pluralism in Indonesia: Bridging the unbridgeable*. Routledge. https://doi.org/10.4324/9780203079973

Majelis Ulama Indonesia. (1979). *Fatwa Majelis Ulama Indonesia tentang bayi tabung/inseminasi buatan, 13 Juni 1979*. https://mui.or.id/storage/fatwa/33d45497daccc35a51b9a469e1521896-lampiran.pdf

Majelis Ulama Indonesia. (2009). *Keputusan Komisi B Ijtima' Ulama Komisi Fatwa MUI Se-Indonesia III tentang vasektomi, Padang Panjang, 26 Januari 2009*. https://fatwamui.com/storage/551/KEPUTUSAN-KOMISI-B-VASEKTOMI.pdf

Majelis Ulama Indonesia. (2012). *Hasil keputusan Ijtima' Ulama Komisi Fatwa Se-Indonesia IV tahun 2012 tentang vasektomi, Cipasung, Tasikmalaya, 1 Juli 2012*. https://fatwamui.com/storage/451/VASEKTOMI.pdf

Majelis Ulama Indonesia. (2025, May 5). *Ketua MUI Prof Asrorun Niam tegaskan hukum vasektomi haram, kebijakan tak boleh ditaati*. https://mui.or.id/baca/berita/ketua-mui-prof-asrorun-niam-tegaskan-hukum-vasektomi-haram-kebijakan-tak-boleh-ditaati

Makhlouf, A. G. (2020). Evolution of Islamic law in the 20th century: The conception of collective ijtihād in the debate between Muslim scholars. *Oxford Journal of Law and Religion*, 9(1), 157–178. https://doi.org/10.1093/ojlr/rwaa019

Mudzhar, M. A. (1993). *Fatwa-fatwa Majelis Ulama Indonesia: Sebuah studi tentang pemikiran hukum Islam di Indonesia 1975–1988*. INIS.

Mudzhar, M. A., Maria, U., Aulawi, A. W., Yakub, A., Manshur, F. M., & Zayadi, A. (2012). *Fatwa Majelis Ulama Indonesia (MUI) dalam perspektif hukum dan perundang-undangan*. Puslitbang Kehidupan Keagamaan, Kementerian Agama RI.

Muhyiddin, M. (2014). Fatwa MUI tentang vasektomi: Tanggapan ulama dan dampaknya terhadap peningkatan medis operasi pria (MOP). *Al-Ahkam*, 24(1), 69–92. https://doi.org/10.21580/ahkam.2014.24.1.134

Muslimin, J. M., Iskandar, R. F., & Fatma, Y. (2021). Islam and medicine: A study on the fatwa of Indonesian Ulama Council on vaccines. *Al-Istinbath: Jurnal Hukum Islam*, 6(1), 1–24. https://doi.org/10.29240/jhi.v6i1.2496

Padela, A. I. (Ed.). (2021). *Medicine and shariah: A dialogue in Islamic bioethics*. University of Notre Dame Press.

Pinch, T. J., & Bijker, W. E. (1984). The social construction of facts and artefacts: Or how the sociology of science and the sociology of technology might benefit each other. *Social Studies of Science*, 14(3), 399–441. https://doi.org/10.1177/030631284014003004

Rasyid, M., Aseri, M., Sukarni, Aseri, A. F., & Faid, M. S. (2023). Science and its role in changes in Islamic legal thought: An analysis of changes in the fatwa of the Indonesian Ulema Council due to recent scientific findings. *Syariah: Jurnal Hukum dan Pemikiran, 23*(2), 120–137. https://doi.org/10.18592/sjhp.v23i2.12238

Sa'diyah, M., Masuwd, M. A., & Supandi, A. F. (2022). Legal problems using AstraZeneca vaccine: Hermeneutic analysis of the fatwa of the Indonesian Ulema Council. *Journal of Islamic Law, 3*(1), 1–16. https://doi.org/10.24260/jil.v3i1.496

Salim, A. (2008). *Challenging the secular state: The Islamization of law in modern Indonesia*. University of Hawai'i Press. https://doi.org/10.21313/hawaii/9780824832377.001.0001

Sholeh, M. A. N. (2016). *Metodologi penetapan fatwa Majelis Ulama Indonesia: Penggunaan prinsip pencegahan dalam fatwa*. Emir.

Sholeh, M. A. N. (2020). Towards a progressive fatwa: MUI's response to the COVID-19 pandemic. *AHKAM: Jurnal Ilmu Syariah*, 20(2), 281–298. https://doi.org/10.15408/ajis.v20i2.17391

Sholeh, M. A. N. (2024). *Menghidupkan fatwa: Dinamisasi fatwa untuk kemaslahatan bangsa*. Sekretariat Komisi Fatwa Majelis Ulama Indonesia.

Skovgaard-Petersen, J. (2015). A typology of fatwas. *Die Welt des Islams*, 55(3–4), 278–285. https://doi.org/10.1163/15700607-05534p02

Sodiqin, A. (2021). Science-based ijtihad: Religious and scientific dialectic on fatwas regarding congregational worships amid the Covid-19 pandemic. *Ijtihad: Jurnal Wacana Hukum Islam dan Kemanusiaan*, 21(1), 79–98. https://doi.org/10.18326/ijtihad.v21i1.79-98

Sodiqin, A. (2025). Religion and science: Analysing medical fatwas of the Majelis Ulama Indonesia (2010–2021). *Journal of Islamic Law*, 6(1), 1–20. https://doi.org/10.24260/jil.v6i1.2683

Suaedy, A., Alnizar, F., Ardiantoro, J., & Siroj, S. A. (2023). Language, authority, and digital media: The impact on the legitimacy of fatwas. *AHKAM: Jurnal Ilmu Syariah*, 23(1), 1–24. https://doi.org/10.15408/ajis.v23i1.28875

Syafei, Z. (2017). Tracing maqāṣid al-sharī'ah in the fatwas of Indonesian Council of Ulama (MUI). *Journal of Indonesian Islam*, 11(1), 99–124. https://doi.org/10.15642/JIIS.2017.11.1.99-124

Tempo. (2025, May 8). *Mengapa Dedi Mulyadi inginkan vasektomi jadi syarat bansos*. https://www.tempo.co/politik/mengapa-dedi-mulyadi-inginkan-vasektomi-jadi-syarat-bansos-1374559

Yoga, M. A. P. (2013). *Pandangan Majelis Ulama Indonesia Kota Medan tentang hukum vasektomi (Analisis perubahan fatwa MUI tahun 1979, 2009 dan tahun 2012)* [Undergraduate thesis, UIN Sumatera Utara]. http://repository.uinsu.ac.id/8901/