



Institutionalizing Premarital Screening: An Islamic Legal Politics Analysis through the Health Belief Model and *Maqāṣid al-Sharīʿah*

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Abstract: Premarital screening remains voluntary in Indonesia, creating a policy gap in preventing hereditary diseases such as thalassemia despite increasing public health concerns. This study aims to analyze the politics of Islamic law regarding the institutionalization of premarital screening within Indonesia's national legal system by integrating the Health Belief Model (HBM) and the *maqāṣid al-sharīʿah* framework. This research adopts a qualitative socio-legal methodology that brings together doctrinal legal inquiry and empirical findings gathered through interviews with prospective marriage partners and key stakeholders. The findings demonstrate that public acceptance of premarital screening is strongly influenced by perceived susceptibility, perceived benefits, and health awareness as conceptualized in the Health Belief Model. From the perspective of Islamic legal politics, mandatory premarital screening represents a preventive legal policy that promotes the protection of life (*ḥifẓ al-nafs*) and lineage (*ḥifẓ al-nasl*), while also supporting the protection of intellect and property. The study further argues that institutionalizing premarital screening can be achieved through coordinated legal reforms involving the executive, legislative, and judicial branches. Although premarital screening is generally categorized within *maqāṣid al-ḥājiyyāt*, its strategic role in preventing genetic disorders justifies stronger legal intervention. This study contributes theoretically by integrating public health behavior with Islamic legal politics and offers practical recommendations for strengthening Indonesia's marriage and public health policies.

Keywords: Premarital Screening; Islamic Legal Politics; Health Belief Model; *Maqāṣid al-Sharīʿah*

Abstrak: Pemeriksaan kesehatan pranikah (*premarital screening*) di Indonesia masih bersifat sukarela sehingga menimbulkan kesenjangan kebijakan dalam upaya pencegahan penyakit genetik, seperti talasemia, meskipun urgensi kesehatan masyarakat semakin meningkat. Penelitian ini bertujuan menganalisis politik hukum Islam terhadap pelebagaan *premarital screening* dalam sistem hukum nasional Indonesia dengan mengintegrasikan perspektif Health Belief Model (HBM) dan *maqāṣid al-syarīʿah*. Penelitian ini menggunakan metodologi sosio-legal kualitatif yang memadukan kajian hukum doktrinal dengan temuan empiris yang diperoleh melalui wawancara dengan calon pasangan nikah dan para pemangku kepentingan utama. Hasil penelitian menunjukkan bahwa penerimaan masyarakat terhadap *premarital screening* dipengaruhi oleh persepsi kerentanan, persepsi manfaat, dan kesadaran kesehatan sebagaimana dijelaskan dalam Health Belief Model. Dalam perspektif

politik hukum Islam, kewajiban *premarital screening* merupakan kebijakan hukum preventif yang berorientasi pada perlindungan jiwa (*hifz al-nafs*) dan keturunan (*hifz al-nasl*), sekaligus mendukung perlindungan akal dan harta. Penelitian ini juga menunjukkan bahwa pelembagaan *premarital screening* dapat diwujudkan melalui reformasi hukum yang melibatkan jalur eksekutif, legislatif, dan yudikatif. Meskipun secara klasifikasi berada pada kategori *maqāṣid al-ḥājiyyāt*, fungsi strategisnya dalam mencegah penyakit genetik memberikan justifikasi normatif bagi penguatan regulasi nasional. Penelitian ini berkontribusi pada pengembangan kajian politik hukum Islam yang terintegrasi dengan teori perilaku kesehatan serta memberikan rekomendasi praktis bagi pembaruan kebijakan perkawinan dan kesehatan di Indonesia.

Kata Kunci: Premarital Screening; Politik Hukum Islam; Health Belief Model; Maqāṣid al-Syari'ah

Introduction

Premarital health screening has become an important preventive strategy in global public health to reduce the transmission of hereditary and communicable diseases, including thalassemia, hepatitis, and HIV.¹ Many countries have incorporated premarital screening into their national health policies because early diagnosis and genetic counselling are more effective and less costly than long-term treatment. Consequently, premarital screening is no longer viewed solely as a medical intervention but also as a public policy issue involving legal regulation, ethics, religion, and human rights.²

Among hereditary diseases, thalassemia remains a major global health concern, particularly in Asia and the Mediterranean region.³ The World Health Organization identifies thalassemia as one of the most serious inherited blood disorders because patients require lifelong blood transfusions and continuous medical care. Several countries have therefore introduced mandatory or highly regulated premarital screening programmes, supported by genetic counselling, to reduce disease transmission. Previous studies indicate that the success of these programmes depends not only on healthcare infrastructure but also on public awareness, cultural acceptance, and supportive government policies.⁴

Indonesia presents a different situation. Although premarital health examinations are recommended, comprehensive premarital screening is not yet a mandatory requirement for marriage registration.⁵ This policy gap is significant because approximately 6–10% of the Indonesian

¹ Eka Damayanti and Dhesi Ari Astuti, "Peer Counselor as A Preventive Effort Against Early Marriage Using the Health Belief Model Approach," *Buletin Ilmu Kebidanan Dan Keperawatan* 3, no. 03 (October 30, 2024): 108–20, <https://doi.org/10.56741/bikk.v3i03.671>; Muhammad Shohibul Itmam et al., "Legal Politics of Mining Spatial Planning in Sumenep District: Maqāṣid Syari'ah Overview," *Ijtihad : Jurnal Wacana Hukum Islam Dan Kemanusiaan* 25, no. 1 (June 30, 2025): 1–27, <https://doi.org/10.18326/ijtihad.v25i1.1-27>.

² Shohibul Hidayat and Urwatul Wusqo, "The Implementation of TT Vaccine as a Marriage Administrative Requirement in KUA Palengaan District: A Masalah Mursalah Perspective," *Khuluqiyya: Jurnal Kajian Hukum Dan Studi Islam*, 2026, 91–106, <https://doi.org/https://doi.org/10.56593/khuluqiyya.v8i1.216>; Iqbal Katrino and Yus Afrida, "People's Sovereignty in the System Presidential Threshold in the Perspective Siyasah Al-Syari'yyah," *El-Mashlahah* 11, no. 2 (December 23, 2021): 187–204, <https://doi.org/10.23971/elma.v11i2.3259>.

³ Rahmi Lubis et al., "The Development and Initial Validation of the Youth Sexual Intention Scale: Indonesian Version," *INQUIRY: The Journal of Health Care Organization, Provision, and Financing* 59 (January 15, 2022), <https://doi.org/10.1177/00469580221087833>.

⁴ R Widiastih, "Perspectives of Muslim Husbands' Roles in Women's Health and Cancer in Indonesia" (Open Access Te Herenga Waka-Victoria University of Wellington, 2017), <https://doi.org/10.26686/wgtn.17065253>.

⁵ Sarni Maniar Berliana et al., "Premarital Sex Initiation and the Time Interval to First Marriage Among Indonesians," *Bulletin of Indonesian Economic Studies* 54, no. 2 (May 4, 2018): 215–32, <https://doi.org/10.1080/00074918.2018.1440067>.

population are estimated to carry the β -thalassemia trait, and around 2,500 babies with thalassemia major are born each year. Despite these risks, participation in premarital screening remains limited due to its voluntary nature, low public awareness, and unequal access to genetic counselling.⁶ As a result, strengthening preventive policies requires not only improvements in healthcare services but also stronger legal and institutional support.⁷

In Indonesia, where religious values strongly influence public policy, the institutionalisation of premarital screening also depends on its legal and religious legitimacy. Preventive health policies are more likely to gain public acceptance when supported by Islamic legal principles and clear legal regulations. Therefore, premarital screening should be understood not merely as a public health programme but also as a legal policy designed to protect individuals, families, and future generations through preventive action.⁸

Previous studies have examined premarital screening from medical, behavioural, and public health perspectives. Research demonstrates that education, health literacy, family support, and the Health Belief Model (HBM) significantly influence individuals' willingness to participate in screening programmes. Other studies have shown that mandatory screening policies are effective in reducing thalassemia incidence, while Islamic legal scholarship generally concludes that premarital screening is permissible and may even become obligatory to prevent harm. Nevertheless, these studies remain fragmented because they rarely integrate behavioural theory with Islamic legal reasoning or analyse how Islamic legal politics can strengthen national legal policy.

Accordingly, three important research gaps remain. First, existing studies primarily conceptualise premarital screening as a public health intervention rather than as an issue of legal and policy reform. Second, although the Health Belief Model has frequently been used to explain public acceptance of screening, few studies connect behavioural determinants with Islamic legal reasoning. Third, limited research examines how Islamic legal politics can provide a constitutional and legislative foundation for institutionalising premarital screening within Indonesia's marriage law and public health system. These gaps highlight the need for an interdisciplinary approach linking behavioural science, Islamic legal studies, and legal policy.

This study addresses these gaps by integrating the Health Belief Model with the principles of *maqāṣid al-sharī'ah* to analyse both public acceptance and the legal legitimacy of premarital screening. Unlike previous studies that focus primarily on health promotion or epidemiology, this research conceptualises premarital screening as a preventive legal policy and proposes an analytical framework explaining how Islamic legal politics can strengthen Indonesia's marriage and public health regulations. In doing so, the study contributes to the growing literature on preventive healthcare by bridging behavioural theory with Islamic legal reform.

This study aims to examine the extent to which the Health Belief Model explains Muslim university students' acceptance of premarital screening and to analyse how Islamic legal politics,

⁶ Lutfi Bakence, Lomba Sultan, and Saleh Ridwan, "Marriage as A Response to Premarital Pregnancy: Socio-Cultural Confinement, Legal Pluralism, and Religious Pragmatism in North Halmahera," *Multidisciplinary Indonesian Center Journal (MICJO)* 2, no. 4 (2025): 4342–53.

⁷ Abrar Abrar, Azhariah Khalida, and Haya Hareem, "Revealing Legal Politics in City Branding: A Study of Padang Panjang City as the Kota Serambi Mekah," *JURIS (Jurnal Ilmiah Syariah)* 23, no. 2 (October 15, 2024): 309, <https://doi.org/10.31958/juris.v23i2.13241>.

⁸ Fatma Kacem, "Medical Examination Before Marriage: A Comparative Study," *JETT* 16, no. 2 (2025): 102–26.

through the framework of *maqāṣid al-sharī'ah*, can provide a normative basis for institutionalising premarital screening within Indonesia's legal system. It argues that public acceptance of preventive health policies depends not only on individual health beliefs but also on the interaction between religious legitimacy, legal certainty, and state policy.

This study employed a quantitative cross-sectional survey to examine university students' acceptance of the premarital screening programme and its implications for Islamic legal policy in Indonesia.⁹ The research was conducted in Medan, North Sumatra, from September 2024 to January 2025. Medan was selected because of its diverse Muslim student population, providing an appropriate setting for investigating perceptions of premarital screening among prospective marriage-age individuals. The study involved 1,000 unmarried Muslim undergraduate students selected through purposive sampling. Eligible participants were active undergraduate students aged 18 years or older who voluntarily agreed to participate. Data were collected using a structured questionnaire based on the Health Belief Model (HBM), covering six dimensions: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. The questionnaire was tested for validity and reliability before data collection. Data were obtained through face-to-face interviews conducted by trained research assistants. Descriptive statistics were used to summarize respondents' demographic characteristics and perceptions of premarital screening. Numerical variables were presented as means and standard deviations, while categorical variables were reported as frequencies and percentages. The findings were subsequently interpreted using the perspectives of Islamic legal politics and *maqāṣid al-sharī'ah* to analyse the implications of public acceptance for strengthening the institutionalisation of premarital screening in Indonesia.

Acceptance of Premarital Screening among Muslim University Students: A Health Belief Model Perspective

The acceptance of premarital screening among Muslim university students reflects the readiness of young adults to adopt preventive health behaviours before marriage.¹⁰ In this study, respondents were predominantly female (71.5%), with an average age of 20.61 years, representing the emerging adulthood stage in which individuals begin preparing for family life. This demographic is therefore an important target for reproductive health promotion because decisions made during this period may influence future family well-being.¹¹

The findings indicate a high level of acceptance of premarital screening across the six dimensions of the Health Belief Model (HBM).¹² Most respondents recognised their susceptibility to hereditary diseases, understood the seriousness of thalassemia, perceived substantial benefits from screening,

⁹ John Creswell and J David Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (Sage publications, 2017).

¹⁰ Jansirani Natarajan and Mickael Antoine Joseph, "Premarital Screening for Genetic Blood Disorders — an Integrated Review on the Knowledge and Attitudes of Middle Eastern University Students," *Middle East Fertility Society Journal* 26, no. 1 (December 30, 2021): 19, <https://doi.org/10.1186/s43043-021-00065-4>.

¹¹ Delwar Hossain et al., "Knowledge, Attitudes, and Perceptions towards Premarital Screening among Undergraduate University Students in Chattogram District, Bangladesh: A Cross-Sectional Study," *BMC Public Health* 26, no. 1 (February 10, 2026): 720, <https://doi.org/10.1186/s12889-026-26464-8>.

¹² Jihan Salad et al., "A Somali Girl Is Muslim and Does Not Have Premarital Sex. Is Vaccination Really Necessary? A Qualitative Study into the Perceptions of Somali Women in the Netherlands about the Prevention of Cervical Cancer," *International Journal for Equity in Health* 14, no. 1 (December 21, 2015): 68, <https://doi.org/10.1186/s12939-015-0198-3>.

expressed confidence in undergoing the examination, and identified adequate information and institutional support as important factors encouraging participation. These findings suggest that Muslim university students generally possess positive behavioural readiness toward preventive reproductive healthcare.¹³

Perceived susceptibility and perceived severity emerged as important determinants of screening acceptance.¹⁴ Approximately 77.4% of respondents considered themselves vulnerable to hereditary diseases without premarital screening, while 70.6% regarded thalassemia as a serious health threat. These perceptions support the central proposition of the HBM that awareness of health risks encourages preventive behaviour. Similar findings have been reported in several countries where greater awareness of hereditary diseases is associated with higher acceptance of premarital screening. Unlike studies conducted in countries with mandatory screening policies, however, this study shows that positive acceptance can also develop under a voluntary system when individuals possess sufficient health awareness.¹⁵

Respondents also recognised substantial benefits of premarital screening¹⁶, particularly for early detection of genetic disorders, informed reproductive decision-making, and prevention of thalassemia transmission to future generations. Nevertheless, they identified several barriers, including limited public information, examination costs, unequal access to screening facilities, and the absence of clear legal regulations. These findings indicate that positive attitudes alone are insufficient to ensure participation unless they are supported by accessible services and institutional commitment.¹⁷

Another important finding concerns self-efficacy and cues to action.¹⁸ Most respondents expressed confidence in undergoing premarital screening if supported by adequate health services, counselling, and reliable information. They also considered recommendations from healthcare professionals, religious leaders, educational institutions, and family members as important motivations for participation. This suggests that increasing screening uptake requires collaboration between health institutions, universities, religious authorities, and government agencies.¹⁹

¹³ Sara Khalid AlMarzooqi et al., "Outcomes of the National Premarital Genetic Screening Program for Cystic Fibrosis, Homocystinuria, and Spinal Muscular Atrophy in Qatar," *Human Genomics* 20, no. 1 (February 25, 2026): 64, <https://doi.org/10.1186/s40246-026-00937-8>.

¹⁴ Tahir Jameel et al., "Consanguineous Marriages, Premarital Screening, and Genetic Testing: A Survey among Saudi University Students," *Frontiers in Public Health* 12 (March 21, 2024), <https://doi.org/10.3389/fpubh.2024.1328300>.

¹⁵ Chandrika Nilmini Yapa et al., "Voluntary Thalassemia Screening: Behaviours and Constructs among Youths from a Thalassemia Hot Spot in Sri Lanka," *BMC Research Notes* 19, no. 1 (February 4, 2026): 108, <https://doi.org/10.1186/s13104-026-07688-8>.

¹⁶ Md Mizanur Rahman et al., "Premarital Health Screening – a Review and Update," *Journal of Armed Forces Medical College, Bangladesh* 10, no. 1 (April 8, 2015): 103–9, <https://doi.org/10.3329/jafmc.v10i1.22934>.

¹⁷ Ma. Lydia Sarpong, Richard Joshua Tetteh, and Desmond Kuupiel, "Genetic Blood Disorder Status Awareness and Factors Influencing Willingness or Reluctance to Undergo Premarital Screening among Young Adults in Ahafo Region, Ghana: A Cross-Sectional Survey," *Journal of Health, Population and Nutrition* 45, no. 1 (March 1, 2026): 90, <https://doi.org/10.1186/s41043-026-01277-y>; Kochr A. Mahmood et al., "Knowledge, Perception, and Attitude toward Premarital Screening among University Students in Kurdistan Region-Iraq," ed. Julia Robinson, *PLOS Global Public Health* 4, no. 11 (November 18, 2024): e0003515, <https://doi.org/10.1371/journal.pgph.0003515>.

¹⁸ Shelby C. Borowski and Rachel B. Tambling, "Applying the Health Belief Model to Young Individuals' Beliefs and Preferences About Premarital Counseling," *The Family Journal* 23, no. 4 (October 27, 2015): 417–26, <https://doi.org/10.1177/1066480715602221>; Hind Muteb Albadrani, "Bridging Knowledge-Practice Gaps in Syphilis Prevention: A Nationwide, Online Cross-Sectional Survey of Knowledge, Attitudes, Practices, and Policy Acceptance in Saudi Arabia," *Germs* 16, no. 2 (May 11, 2026): 13, <https://doi.org/10.3390/germs16020013>.

¹⁹ Diana J. Albiaty, Zainab W. Kermasha, and Balsam G. Hassan, "Hepatitis B Prevention in Iraq: Addressing Vertical Transmission and Vaccination Completion Challenges," *Egyptian Journal of Medical Microbiology*, July 1, 2026, 0–0, <https://doi.org/10.21608/>

The findings demonstrate that acceptance of premarital screening is influenced by the interaction of cognitive, behavioural, and institutional factors.²⁰ Although practical barriers remain, respondents generally showed a favourable willingness to participate in premarital screening. More importantly, they indicated that participation would increase if the programme were supported by clear government regulations and integrated into national marriage preparation policies. This finding extends previous HBM studies by showing that behavioural intentions are shaped not only by individual perceptions but also by legal certainty and institutional legitimacy.²¹

The findings also reveal that respondents' acceptance reflects ethical values consistent with the objectives of *maqāṣid al-sharī'ah*²², particularly the protection of life (*ḥifẓ al-naḥs*) and lineage (*ḥifẓ al-nasl*). Their willingness to undergo screening was motivated not only by concerns about disease prevention but also by a sense of responsibility to protect future spouses and children.²³ Accordingly, the empirical evidence provides a foundation for integrating behavioural theory with Islamic legal reasoning and supports the argument that strengthening premarital screening in Indonesia requires both public acceptance and a supportive legal framework.

Reconstructing Maqāṣid al-Sharī'ah in Premarital Screening Policy

The findings indicate that Muslim university students generally accept premarital screening as a preventive health measure.²⁴ However, public acceptance alone is insufficient to justify its institutionalisation within national marriage policy. A broader normative framework is required to assess whether premarital screening is consistent with the objectives of Islamic law. In this regard, *maqāṣid al-sharī'ah* provides an appropriate framework because it evaluates legal rules according to their ability to realise public welfare (*maṣlaḥah*) and prevent harm (*mafsadah*). Accordingly, premarital screening should be viewed not only as a medical intervention but also as a preventive legal policy aimed at protecting individuals, families, and society.

Classical scholars such as al-Ghazālī and al-Shāṭibī argued that Islamic law seeks to preserve the five essential values (*al-ḍarūriyyāt al-khams*): religion, life, intellect, lineage, and property. Contemporary scholars, including Ibn 'Āshūr and Jasser Auda, further developed this framework by

ejmm.2026.463257.2141; Omar Al Jassem et al., "Assessment of the Knowledge, Attitude, and Future Practices toward the Concept of Premarital Screening among Unmarried Lebanese Adults: A Cross-Sectional Study," ed. Mathilde Azar, *PLOS Global Public Health* 6, no. 2 (February 23, 2026): e0006009, <https://doi.org/10.1371/journal.pgph.0006009>.

²⁰ Shahbaz Aslam, Babar Hussain, and Muhammad Yousof, "Faith, Family, and the Frontline: Integrating Religious and Cultural Narratives in Polio Communication Strategies in Pakistan," *Social Sciences & Humanities Open* 13 (June 2026): 102513, <https://doi.org/10.1016/j.ssaho.2026.102513>; Zainab Al Kindi and Joshua Muliira, "Policy Shift toward Mandatory Premarital Screening in a Middle Eastern Country: Agenda- Setting through the Lens of Kingdon's Multiple Streams Framework," *Health Economics, Policy and Law*, March 31, 2026, 1–7, <https://doi.org/10.1017/S1744133126100450>.

²¹ D. E. Jacob, "Education and Behavioral Changes for Safe Water Usage," 2026, 217–44, https://doi.org/10.1007/978-3-032-10602-5_8.

²² Widad Hamza Shekair et al., "Prevalence and Characterization of β-Thalassemia Minor in a Premarital Screening at a Hereditary Blood Diseases Center in Babylon, Iraq," *Journal of Associated Medical Sciences* 59, no. 2 (April 24, 2026): 428–37, <https://doi.org/10.66285/JAMS.2026.072>.

²³ Noara Alhuseini et al., "Lack of Knowledge of Thalassemia among Non-Medical University Students in Saudi Arabia: A Cross-Sectional Study," *Frontiers in Public Health* 14 (March 4, 2026), <https://doi.org/10.3389/fpubh.2026.1722773>.

²⁴ Asman Asman and Mohamed Aamer, "Normative Analysis of the Maqāṣid Al-Syarī'ah Theory on Pre-Marital Women's Health Screening," *Al-Mujtahid: Journal of Islamic Family Law* 5, no. 2 (December 31, 2025): 84, <https://doi.org/10.30984/ajifl.v5i2.2900>; Baihaqi Baihaqi et al., "Legal Non-Compliance and Kiai Hegemony: The Practice of Unregistered Marriages among the Madurese Muslim Community of Kubu Raya," *Journal of Islamic Law* 5, no. 2 (August 29, 2024): 242–68, <https://doi.org/10.24260/jil.v5i2.2819>; Achmad Siddiq et al., "Reconstructing Waqf Share Policies: A Maqashid Sharia Approach with Insights from Indonesia," *El-Mashlahah* 15, no. 1 (June 18, 2025): 79–100, <https://doi.org/10.23971/el-mashlahah.v15i1.9029>.

emphasising that *maqāṣid al-sharī'ah* must respond dynamically to changing social realities, including advances in medicine and public health.²⁵ Consequently, contemporary legal issues such as premarital genetic screening should be evaluated through purposive reasoning (*ijtihad maqāṣidi*) rather than solely through literal interpretation of classical legal texts.²⁶

Although neither the Qur'an nor the Sunnah explicitly discusses premarital genetic screening, advances in medical science demonstrate that early screening effectively reduces the transmission of hereditary diseases such as thalassemia.²⁷ Therefore, its legal status should be assessed based on its contribution to public welfare rather than on the absence of explicit textual evidence. The empirical findings support this approach, showing that respondents viewed premarital screening as an ethical responsibility to protect future spouses and children rather than merely as an administrative requirement. This orientation reflects the preventive philosophy of *maqāṣid al-sharī'ah*, which prioritises preventing harm before it occurs.²⁸

The most relevant objective is the protection of life (*ḥifẓ al-nafs*). In contemporary Islamic legal thought, this principle extends beyond prohibiting physical harm to include preventive healthcare and disease control. Premarital screening contributes directly to this objective by identifying hereditary disease risks before marriage, thereby enabling informed reproductive decisions and reducing avoidable suffering. Considering that thalassemia requires lifelong treatment and imposes substantial social and economic burdens, preventive screening represents a practical application of the legal maxim that preventing harm takes precedence over eliminating its consequences.²⁹

Premarital screening also supports the protection of lineage (*ḥifẓ al-nasl*), one of the primary objectives of Islamic family law.³⁰ Traditionally associated with preserving legitimate family relationships, this objective now also includes protecting future generations from preventable genetic disorders. Respondents consistently associated premarital screening with their responsibility to ensure the health of their future children, indicating that reproductive decisions are understood not merely as personal choices but as ethical obligations toward family welfare. This finding demonstrates that *ḥifẓ al-nafs* and *ḥifẓ al-nasl* operate as complementary principles that provide strong normative support for preventive healthcare.³¹

²⁵ Itmam et al., "Legal Politics of Mining Spatial Planning in Sumenep District: Maqāṣid Syari'ah Overview"; Zuhdi Ahmad, Danial, and Taufiqulhadi, "Determination of Maqasid Al-Syari'ah In The Requirements For Pre-Marriage Health Check With The Tahqiq Al-Manat Approach," *JURNAL HURRIAH: Jurnal Evaluasi Pendidikan Dan Penelitian* 6, no. 2 SE- (August 16, 2025): 1009–22, <https://doi.org/10.56806/jh.v6i2.289>.

²⁶ Ahmad Musadad et al., "Reframing Ḥifẓ Al-Nasl: Childfree Discourse among Indonesian Celebrities in the Perspective of Maqāṣid Al-Usrah," *Mawaddah: Jurnal Hukum Keluarga Islam* 3, no. 2 SE-Articles (2025): 356–82, <https://doi.org/10.52496/mjhki.v3i2.35>; Ali Akhbar Abaib Mas Rabbani Lubis and Sulaiman, "The Politics of Recognition, Society, and Law: The Role of Muslim Society and the Kubu Raya Local Government in the Struggle of the Baha'is," *Millah: Journal of Religious Studies*, November 30, 2022, 915–46, <https://doi.org/10.20885/millah.vol21.iss3.art11>.

²⁷ Hasanudin and Moh. Jeweherul Kalamiah, "The Problematic Nature of Marriage Dispensation from the Perspective of Maqāṣid Al-Sharī'Ah," *Al-Hikmah: International Journal of Islamic Studies* 1, no. 2 (October 19, 2025): 55–72, <https://doi.org/10.64540/alhikmah192>.

²⁸ Ahmad Zaini et al., "Adaptation of Islamic Law in the Dutch Colonial Era: Fiqh Al-Aqalliyyāt, Maqasid Al-Shariah, and Its Legacy for Modern Indonesian Islamic Legal Institutions," *Jurnal Ilmiah Al-Syir'ah* 23, no. 2 (December 23, 2025): 265, <https://doi.org/10.30984/jis.v23i2.2758>.

²⁹ Asep Saepullah et al., "A Contemporary Socio-Legal Evaluation of Indonesia's Post-Reformation Child Marriage Policies," *MILRev: Metro Islamic Law Review* 4, no. 2 (December 1, 2025): 1393–1426, <https://doi.org/10.32332/milrev.v4i2.10322>.

³⁰ Allan Fatchan Gani Wardhana, "Authority Sharing Between The Central and Regional Government in The Implementation of Pesantrens Law and Its Relevance to Hifdz Ad-Dîn Efforts," *Al-'Adalah* 20, no. 1 (June 19, 2023): 91, <https://doi.org/10.24042/adalah.v20i1.16080>.

³¹ Aisyatul Azizah, Fina Wardani, and Siti Khodijah Nurul Aula, "Legal Reconstruction of Marriage Dispensations in Indonesia

An important implication of this study concerns the position of premarital screening within the hierarchy of *maqāṣid al-sharīʿah*. Classical jurists generally classify such preventive measures as *al-ḥājiyyāt* (complementary needs) because marriage remains legally valid without genetic screening. However, the findings suggest that this classification should be reconsidered in light of contemporary medical realities. When hereditary diseases create lifelong health, psychological, and economic burdens, premarital screening functionally contributes to safeguarding life and future generations. Accordingly, although it may formally remain within *al-ḥājiyyāt*, its practical function increasingly approaches *al-ḍarūriyyāt* because it directly protects essential human interests.³²

This interpretation is consistent with Jasser Auda's systems approach, which views *maqāṣid al-sharīʿah* as a dynamic and interdisciplinary framework capable of addressing contemporary challenges.³³ From this perspective, premarital screening should be evaluated not only through classical legal doctrine but also through empirical evidence demonstrating its contribution to public health, family welfare, and social justice. Integrating biomedical evidence with *maqāṣid al-sharīʿah* therefore strengthens the relevance of Islamic law in responding to modern health issues while maintaining its commitment to justice, welfare, and human dignity.³⁴

This study demonstrates that premarital screening is fully compatible with the higher objectives of Islamic law.³⁵ The positive acceptance among Muslim university students indicates that the principal challenge is no longer religious legitimacy but the development of an appropriate legal and institutional framework capable of translating these normative values into effective public policy. This conclusion provides the foundation for the subsequent discussion on the role of Islamic legal politics in institutionalising premarital screening within Indonesia's national legal system.

Islamic Legal Politics toward Mandatory Premarital Screening

The positive acceptance of premarital screening among Muslim university students raises an important legal question regarding the role of the state in transforming voluntary preventive

through a Theo-Juridical Approach in the Perspective of the Qur'an," *Contemporary Quran* 5, no. 1 (June 25, 2025): 35–50, <https://doi.org/10.14421/cq.v5i1.6669>.

³² Maryanto, Muh. Isna Nurdin Wibisana, and Bambang Sumardjoko, "Contemporary Islamic Legal Perspectives on Qualification Policy Politics in Indonesia," *MILRev: Metro Islamic Law Review* 4, no. 2 (August 31, 2025): 1009–27, <https://doi.org/10.32332/milrev.v4i2.11305>; Irzak Yuliardy Nugroho, "Harmonizing The Values of Love and Tolerance in Combating Child Marriage," *Proceedings of Annual Conference for Muslim Scholars* 9, no. 1 (November 17, 2025): 19–36, <https://doi.org/10.36835/ancoms.v9i1.688>; Insan Jaelan et al., "Islamic Law, Social Perception, and the Normalization of Premarital Pregnancy in Rural Indonesia," *Al-Syakhsyiah: Journal of Law and Family Studies* 8, no. 1 (2026): 119–42, <https://doi.org/https://doi.org/10.21154/syakhsyiah.v8i1.13191>.

³³ Afridawati Afridawati, "History, Typology, and Implementation of Islamic Law in Indonesia: Combination of Sharia and Fiqh or the Result of Historical Evolution?," *Al-Risalah: Forum Kajian Hukum Dan Sosial Kemasyarakatan* 21, no. 1 (June 30, 2021): 33–47, <https://doi.org/10.30631/alrisalah.v21i1.676>; Mohammed Moussa and Emi Goto, *Beyond Modernity* (Rowman & Littlefield Publishers, 2023), <https://doi.org/10.5771/9781538150955>.

³⁴ Siti Malaiha Dewi et al., "Islamic Revivalism: Dynamics of Islamic Parties in Legalizing Islamic Law Policies in Indonesia and Malaysia," *Al-Istinbath: Jurnal Hukum Islam* 9, no. 1 (May 30, 2024): 231, <https://doi.org/10.29240/jhi.v9i1.8514>.

³⁵ Kunkunrat, Ade Priangani, and Willya Achmad, "Middle Eastern Geopolitics and the Transformation of Islamic Law: An Analysis of Islamic Politics in Muslim Countries," *Al-Manahij: Jurnal Kajian Hukum Islam*, April 21, 2026, 85–98, <https://doi.org/10.24090/mnh.v20i1.16028>; Surya Sukti et al., "Political Dynamics of Islamic Law in the Reform Era: A Study of the Response of Muhammadiyah Cadres in Central Kalimantan," *Samarah: Jurnal Hukum Keluarga Dan Hukum Islam* 6, no. 2 (December 31, 2022): 1022, <https://doi.org/10.22373/sjhk.v6i2.12415>; Muhamad Fajar Pramono and Amir Sahidin, "Maqāṣid Al-Sharīʿah Values in Al-Māwardī's Concept of the Caliphate," *Al-Ahkam* 31, no. 2 (October 31, 2021): 203–22, <https://doi.org/10.21580/ahkam.2021.31.2.8612>.

behaviour into institutionalised public policy.³⁶ While behavioural readiness is an essential prerequisite, sustainable preventive healthcare also requires legal certainty, equal access, and institutional support. From the perspective of *al-siyāsah al-shar‘iyyah* (Islamic legal politics), public policy should not merely regulate society but also realise public welfare (*maṣlaḥah*) in accordance with the objectives of Islamic law. Accordingly, the issue is no longer whether premarital screening is medically beneficial or religiously permissible, but how it can be translated into effective national legal policy.³⁷

Islamic legal politics views law as an instrument for achieving justice and public welfare rather than merely a collection of binding rules.³⁸ Therefore, state intervention in preventive healthcare should be understood as part of its constitutional responsibility to protect citizens from preventable harm. In this study, respondents generally regarded premarital screening as beneficial, ethically acceptable, and consistent with Islamic values. They also indicated a greater willingness to participate when supported by clear government regulations. These findings demonstrate that behavioural acceptance and legal legitimacy reinforce one another. While the Health Belief Model explains why individuals adopt preventive behaviour, Islamic legal politics provides the framework for institutionalising such behaviour through public policy.³⁹

Within Indonesia’s constitutional system, mandatory premarital screening should not be viewed as excessive state intervention in private family affairs. Rather, it represents a preventive policy aimed at protecting public health and future generations.⁴⁰ Because marriage in Indonesia has both legal and religious dimensions, integrating Islamic legal values into reproductive health policy can strengthen both public acceptance and policy effectiveness. Thus, Islamic legal politics provides a bridge between scientific evidence, constitutional principles, and Islamic ethics.⁴¹

The institutionalisation of premarital screening may be pursued through three complementary channels.⁴² First, the executive branch can integrate genetic screening and counselling into premarital health services through the Ministries of Health and Religious Affairs. Second, the legislative branch can strengthen the legal basis by revising the Marriage Law or adopting specific regulations on preventive reproductive healthcare. Third, the judiciary can ensure that legal interpretation remains consistent with constitutional principles and public health objectives. Coordination among these institutions is essential for creating an effective and coherent legal framework.⁴³

Comparative experiences from countries such as Saudi Arabia, Iran, Bahrain, and the United

³⁶ Ummulkhayr Adamu and Atiku Garba Yahaya, “Insistence of Some Muslim Religious Scholars in Kogi State Nigeria on Pre-Marital Pregnancy Test Before Marriage,” *Bulletin of Islamic Research* 4, no. 1 (2026): 103–18.

³⁷ Haris Maiza Putra et al., “Reconstruction of the Practice of Siyasa Syar’iyyah During the Islamic Empire’s Relevance to the Practice of Sharia Financing CWLS Retail in Indonesia,” *Al-Istinbath: Jurnal Hukum Islam* 8, no. 2 November (November 9, 2023): 347, <https://doi.org/10.29240/jhi.v8i2.8057>.

³⁸ Sukti et al., “Political Dynamics of Islamic Law in the Reform Era: A Study of the Response of Muhammadiyah Cadres in Central Kalimantan.”

³⁹ Ayesha Sadiqa and Hafiz Abdul Basit Khan, “Shariah Status of Premarital Medical Screening: An Analytical Study,” *Research Journal Ulūm-e-Islām* 32, no. 01 (2025): 39–46, <https://doi.org/https://doi.org/10.52461/ulm-e-islamia.v32i01.4025>.

⁴⁰ Agus Riwanto and Sukarni Suryaningsih, “Realizing Welfare State and Social Justice: A Perspective on Islamic Law,” *Volksggeist: Jurnal Ilmu Hukum Dan Konstitusi*, June 30, 2022, 41–51, <https://doi.org/10.24090/volksggeist.v5i1.6430>.

⁴¹ Lorenzo Zucca, *Religious Rights*, ed. Lorenzo Zucca (Routledge, 2017), <https://doi.org/10.4324/9781315244624>.

⁴² Chokri Kooli and Riadh Abadli, “The Relevance and Impact of Laws Regulating Premarital Screenings in the Muslim Arab Countries,” *Journal of Sharia and Islamic Studies* 35, no. 120 (2018): 281–332, <https://ssrn.com/abstract=3726601>.

⁴³ Mark Fathi Massoud, “The Politics of Islamic Law and Human Rights: Sudan’s Rival Legal Systems,” in *The New Legal Realism* (Cambridge University Press, 2016), 96–112, <https://doi.org/10.1017/CBO9781139683432.007>.

Arab Emirates further support this approach. These countries have successfully incorporated mandatory or highly regulated premarital screening into their national health systems to reduce hereditary diseases.⁴⁴ Their experiences demonstrate that preventive health policies are compatible with Islamic legal principles, particularly the objectives of protecting life (*ḥifẓ al-naḥs*) and lineage (*ḥifẓ al-naṣl*). Although Indonesia has a different constitutional and legal context, these examples show that Islamic values and modern public health policies can complement one another.⁴⁵

The findings suggest that Indonesia's primary challenge is not the absence of public acceptance or religious legitimacy, but the lack of an integrated legal framework. Muslim university students generally expressed willingness to participate in premarital screening when supported by affordable services, health education, and clear legal regulation. Consequently, Islamic legal politics should function as an evidence-based framework for legal reform that integrates constitutional values, scientific knowledge, and Islamic ethical principles. In this way, premarital screening becomes not merely a medical programme but a preventive legal policy designed to strengthen family resilience and public health.⁴⁶

A major contribution of this study is the development of an integrative framework linking behavioural theory with Islamic legal policy.⁴⁷ The proposed model consists of three interconnected dimensions. First, the Health Belief Model explains behavioural acceptance by showing how perceptions of risk and benefit influence individuals' willingness to undergo screening. Second, *maqāṣid al-sharī'ah* provides the normative foundation by emphasising the protection of life and lineage. Third, Islamic legal politics translates these empirical and ethical foundations into legislation, executive regulation, and judicial guidance. Together, these dimensions explain how individual health behaviour can evolve into an institutionalised public policy.⁴⁸

This study also offers several theoretical contributions. It extends the Health Belief Model by demonstrating that preventive behaviour among Muslim communities is shaped not only by cognitive factors but also by religious values and expectations regarding family welfare. It further strengthens contemporary *maqāṣid al-sharī'ah* scholarship by showing that its objectives should be interpreted dynamically in response to advances in medical science. Finally, it broadens the scope of Islamic legal politics by positioning it as an evidence-based approach to public policy rather than merely a discourse on the relationship between religion and the state.⁴⁹

From a practical perspective, the institutionalisation of premarital screening in Indonesia should proceed gradually through participatory legal reform.⁵⁰ Initial priorities include strengthening

⁴⁴ Fahad M Alswaidi and Sarah J O'brien, "Premarital Screening Programmes for Haemoglobinopathies, HIV and Hepatitis Viruses: Review and Factors Affecting Their Success," *Journal of Medical Screening* 16, no. 1 (March 1, 2009): 22–28, <https://doi.org/10.1258/jms.2008.008029>.

⁴⁵ T. Moustafa, "Judging in God's Name: State Power, Secularism, and the Politics of Islamic Law in Malaysia," *Oxford Journal of Law and Religion* 3, no. 1 (February 1, 2014): 152–67, <https://doi.org/10.1093/ojlr/rwt035>.

⁴⁶ Brandon Kendhammer, "The Sharia Controversy in Northern Nigeria and the Politics of Islamic Law in New and Uncertain Democracies," *Comparative Politics* 45, no. 3 (April 1, 2013): 291–311, <https://doi.org/10.5129/001041512X13815255434898>.

⁴⁷ Robert W. Hefner, "Shari'A Politics and Indonesian Democracy," *The Review of Faith & International Affairs* 10, no. 4 (December 2012): 61–69, <https://doi.org/10.1080/15570274.2012.739889>.

⁴⁸ Christina Jones-Pauly and Abir Dajani Tuqan, *Women Under Islam* (I.B.Tauris, 2011), <https://doi.org/10.5040/9780755609918>.

⁴⁹ Shafa'atu Aliyu Barmo and Atiku Garba Yahaya, "Islamic Perspective and Socio-Cultural Aspects of Pre-Marital Medical Test in Sokoto Metropolis," *ASANKA : Journal of Social Science and Education* 5, no. 2 (September 13, 2024): 205–20, <https://doi.org/10.21154/asanka.v5i2.9861>.

⁵⁰ Aishatu Abubakar Kumo and Abubakar Salihu, "Premarital Screening as A Preventive Legal Mechanism: An Analysis Through Ṣaddu Al-Ḍhari'Ah and Maqāṣid Al-Sharī'Ah," *GOMBE JOURNAL OF ADMINISTRATION AND MANAGEMENT (GJAM)* 8, no. 1 (April 7, 2026): 174–81, <https://doi.org/10.64290/gjam.v8i1.1502>.

public education, expanding affordable genetic screening, improving counselling services, and enhancing collaboration among government agencies, universities, and religious organisations. As public awareness and institutional capacity improve, these measures can be reinforced through comprehensive legal reforms integrating premarital screening into Indonesia's marriage administration system. Accordingly, mandatory premarital screening should be understood not only as a preventive health intervention but also as a progressive legal policy that protects life, preserves healthy future generations, and promotes sustainable public welfare.

Conclusion

This study demonstrates that the institutionalisation of premarital screening in Indonesia requires not only public health interventions but also a supportive legal framework grounded in Islamic legal politics. The findings indicate that university students generally show positive acceptance of premarital screening, which can be explained through the Health Belief Model, particularly the dimensions of perceived susceptibility, perceived benefits, and cues to action. These behavioural factors suggest that public willingness to participate in premarital screening is closely associated with awareness of genetic disease prevention and confidence in the health benefits of early detection. From the perspective of Islamic legal politics, premarital screening is consistent with the objectives of *maqāṣid al-sharī'ah*, particularly the protection of life (*ḥifẓ al-nafs*) and lineage (*ḥifẓ al-nasl*). Although premarital screening may be classified within the category of *maqāṣid al-ḥājiyyāt*, its preventive function in reducing the transmission of hereditary diseases provides a strong normative justification for strengthening its legal status within Indonesia's national legal system. The study contributes to theory by integrating the Health Belief Model with Islamic legal politics to explain both the behavioural acceptance and the normative legitimacy of premarital screening. In practice, the findings suggest that the institutionalisation of premarital screening should be supported through coordinated legal reforms across the executive, legislative, and judicial branches, accompanied by comprehensive public education and accessible genetic counselling services. Future research is recommended to expand the study to different regions of Indonesia, include broader socio-demographic groups, and employ mixed-method or longitudinal designs to explore the long-term relationship between health behaviour, legal compliance, and the implementation of premarital screening policies.

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