



Prophetic Educational Theory on Marital Intimacy: Thematic Digital Hadith Analysis

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Abstract

Pregnancy represents a critical phase in Muslim family life, requiring ethical and educational guidance rooted in authentic sources. This study aimed to explore Prophetic educational theory concerning marital intimacy during pregnancy as derived from the sayings of Prophet Muhammad (ﷺ). Employing a qualitative library-based research design, the study utilised the HadithSoft application to retrieve ḥadīth from 14 canonical collections. The keyword "pregnancy" guided thematic extraction, and only maqbūl (accepted) narrations were included. Data analysis applied Miles and Huberman's eleventh strategy—constructing logical chains of evidence—to synthesise normative principles. The findings revealed eight core themes forming a Prophetic framework for marital ethics during pregnancy. These results contributed to Islamic reproductive ethics and offered practical implications for antenatal education, healthcare counselling, and family policy, thereby bridging classical guidance with contemporary bioethical challenges.

Keywords: Hadith analysis, Islamic reproductive ethics, Pregnancy, Prophetic theory

Abstrak

Kehamilan merupakan fase krusial dalam kehidupan keluarga Muslim yang membutuhkan panduan etis dan edukatif yang bersumber dari sumber-sumber otentik. Penelitian ini bertujuan untuk mengeksplorasi teori pendidikan profetik terkait keintiman dalam pernikahan selama masa kehamilan berdasarkan sabda Nabi Muhammad (ﷺ). Dengan menggunakan desain penelitian kualitatif berbasis studi kepustakaan, penelitian ini memanfaatkan aplikasi HadistSoft untuk menelusuri hadis dari 14 kitab kanonik. Kata kunci "kehamilan" digunakan untuk ekstraksi tematik, dan hanya hadis maqbūl (diterima) yang disertakan. Analisis data menerapkan strategi kesebelas Miles dan Huberman—membangun rantai bukti logis—untuk mensintesis prinsip-prinsip normatif. Temuan penelitian mengungkap delapan tema inti yang membentuk kerangka profetik bagi etika pernikahan selama kehamilan. Hasil ini berkontribusi pada pengembangan etika reproduksi Islam dan menawarkan implikasi praktis bagi pendidikan antenatal, konseling kesehatan, serta kebijakan keluarga, sekaligus menjembatani panduan klasik dengan tantangan bioetika kontemporer.

Kata kunci: Etika Reproduksi Islam, Kehamilan, Kerangka Teori Profetik, Studi Hadis

A. INTRODUCTION



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Pregnancy is a pivotal life phase encompassing biological, psychological, social, and spiritual aspects. In Muslim communities, religiosity offers meaning, comfort, and ethical guidance—shaping behaviours, including marital relations during pregnancy. Educational frameworks for expectant mothers should integrate biomedical knowledge with Islamic norms derived from the Qur'an and ḥadīth. This approach ensures content that is (i) textually grounded, (ii) aligned with *maqāṣid al-shari‘ah*—especially the protection of life (*hifẓ al-nafs*) and lineage (*hifẓ al-nasl*), and (iii) compatible with modern midwifery and nursing. Islamic views on prenatal to postnatal care, as summarised by Shoaib, show how religious frameworks inform clinical counselling in Muslim contexts. (Almoayad, 2025) further highlights the role of Qur’anic and Prophetic teachings in enhancing maternal–child health within biomedical systems.

Recent research on ḥadīth related to pregnancy is growing but remains dispersed across Islamic studies, bioethics, public health, and lived-religion research. International efforts increasingly frame pregnancy within Prophetic guidance—covering nutrition, social support, and ethics—while promoting the practical application of Qur’ān and ḥadīth in Muslim health contexts. Despite this progress, the pedagogical integration of these insights into clinical and curricular settings remains underdeveloped (Jaser & Ahaddour, 2023).

Evidence on Ramadan fasting during pregnancy remains inconclusive. An umbrella review published in the *IJGO* (December 2024) found insufficient evidence to support claims that fasting reduces gestational age or increases preterm birth risk; the pooled data also showed minimal impact on low birth weight, underscoring the need for individualised risk assessment rather than generalised recommendations (Abdullah Al-Taiar et al., 2025). In contrast, a narrative review in *BMC Public Health* (2024) reported long-term offspring health risks aligned with the DOHaD paradigm following prenatal fasting (Abassi et al., 2024). A meta-analysis in *Human Reproduction Update* (2024) further linked prenatal Ramadan exposure to subtle adverse outcomes—such as reduced height and cognitive performance in early childhood—highlighting the importance of context-sensitive counselling based on legitimate religious *rukhsah* (Witte & Reyn van Ewijk, 2024). These findings support a pedagogical framework that integrates

authenticated ḥadīth, *maqāṣid al-sharī‘ah* (*hifz al-nafs*, *hifz al-nasl*), and clinical safety (Noor Jaser & Chaïma Ahaddour, 2023).

From a population health perspective, a 2020 review in *Reproductive Health* showed that religion and culture can both enable and constrain Muslim women's sexual and reproductive health (SRH) knowledge, behaviours, and access to services—reinforcing the need for culturally responsive antenatal education that translates Prophetic guidance into actionable messages. Similar conclusions emerge from reviews on STI knowledge and attitudes, emphasizing the importance of tailored education and stigma-sensitive communication (Alomair et al., 2020).

Within Islamic bioethics, debates on ensoulment (*nafkh al-rūh*)—derived from key ḥadīth (e.g., 40/120-day narrations)—inform rulings on prenatal diagnosis and the selective termination for severe foetal anomalies. Methodological analyses show that juristic arguments rely on ḥadīth timelines yet differ in scope and permissibility thresholds, indicating the need for clearer exegetical–clinical bridges (Jaser & Ahaddour, 2023). In parallel, *maqāṣid*-based bioethics offers a structured lens—especially *hifz al-nafs* (life preservation) and *hifz al-nasl* (lineage preservation)—for evaluating reproductive technologies. Recent works emphasize lineal integrity and harm uncertainty as key constraints when extrapolating scriptural sources to novel biomedical contexts (Abdul Halim, I., Abdul Rahman, N. N., & Saifuddeen, 2023).

Regionally, ASEAN-based research and policy dialogues demonstrate active, context-sensitive engagement. In Malaysia, academics and policymakers have convened clinicians, jurists, and ethicists to address teenage pregnancy and abortion, focusing on Syariah–civil interfaces and operationalising Islamic legal-ethical principles in hospital decision-making (Saidun, 2024). Malaysian bioethics studies foreground *maṣlaḥah/darar* (benefit/harm) reasoning as a deliberative baseline, balancing multi-religious realities with Islam's normative centrality (Ibrahim, A.H., Harun, 2024).

In Indonesia, research linking ḥadīth to reproductive issues often explores family planning, menstruation/*istihādah*, and ritual practices surrounding pregnancy. Analyses of 'azl (coitus interruptus) and modern contraception revisit classical debates on birth spacing versus limitation, while lived-hadith studies document traditions like

tasyakuran empat bulanan (fourth-month thanksgiving) anchored in ḥadīth concerning embryogenesis and ensoulment (Sari, 2019). Complementary research on menstrual irregularities due to contraceptives signals emerging cross-dialogue between textual sources and medical evidence, though systematic mapping across canonical collections remains limited (Annisa Siti Zuadah, 2021).

Beyond doctrinal analysis, empirical research demonstrates religious beliefs significantly shape pregnant Muslim women's knowledge, attitudes, and service use globally. A systematic review found that religion and culture both enable and limit SRH behaviours, suggesting that pedagogical translation of Prophetic guidance can counter misinformation and improve safe practices uptake among expectant mothers. Qualitative studies in Muslim-majority contexts likewise indicate that religious coping mechanisms, ritual practices, and Prophetic counsel provide psychological comfort and resilience during pregnancy—strengthening the case for spiritually sensitive antenatal education grounded in authentic Islamic sources (Alomair et al., 2020).

At the policy level in Southeast Asia, advocacy and research continue to navigate tensions between rights-based SRHR frameworks and Islamic ethics on family planning, medical interventions, and choice. While regional dialogues often frame these as competing paradigms, Muslim civil society-led convenings propose pragmatic pathways prioritising harm prevention and family welfare—key domains in which Prophetic guidance can be operationalised to promote maternal safety and dignity (Maya Bofa, 2023).

Antenatal education in Muslim communities often lacks a standardised curriculum integrating authenticated ḥadīth with evidence-based clinical guidelines. Consequently, counselling on acts of worship (e.g., prayer and fasting), marital intimacy during pregnancy, and family support remains inconsistent. Contributing factors include fragmented thematic coverage (spread across fiqh chapters on *'ibādāt, mu'amalāt, nikāh, tāhārah*), absence of operational taxonomies for curricula design or counselling, limited methodological dialogue between ḥadīth scholars and clinicians, and underuse of digital ḥadīth corpora for systematic mapping of terms and themes (Saidun, 2024). In this regard, Sanagoei Zadeh (2020) identifies seven dimensions of marital intimacy—emotional, physical, sexual, spiritual, cohesive, economic, and verbal—that provide a

conceptual foundation for developing structured educational modules. However, these dimensions have yet to be systematically linked to authenticated Prophetic traditions and translated into pedagogical frameworks for maternal care.

This article explores marital intimacy during pregnancy through the lens of Prophetic education. Primary sources include 14 canonical ḥadīth compilations accessed via HadistSoft using the keyword *hamila* and its derivatives. Only *maqbūl* (ṣaḥīḥ/ḥasan) reports were included; weak (*da‘īf*) or fabricated (*mawdū‘*) narrations were excluded. The scope is limited to ethical and practical guidance on marital relations during pregnancy and related worship implications, rather than the broader domain of family law.

Although prior studies have addressed Islamic reproductive ethics and maternal health, none have: (a) consolidated the ḥadīth corpus on pregnancy into an operational thematic taxonomy for integration into midwifery/nursing curricula and community modules; (b) developed a grand theory of Prophetic education on marital intimacy during pregnancy using logical chain analysis (Miles & Huberman) anchored in *maqāṣid* and bioethical principles; (c) systematically utilised digital ḥadīth corpora for term mapping and thematic clustering.

The novelty of this study lay in the construction of a Prophetic Educational Grand Theory on Marital Intimacy During Pregnancy—based on authenticated ḥadīth, thematically organised, aligned with *maqāṣid* (*hifz al-nafs*, *hifz al-nasl*), and translated into educational principles compatible with clinical safety standards (Noor Jaser & Chaïma Ahaddour, 2023). This contribution is significant given the need for standardised, auditable, and culturally sensitive guidance for antenatal counselling within Muslim communities (Alomair et al., 2020)

This article aimed to: (1) extract and authenticate *hadīth* related to pregnancy and marital relations; (2) develop a thematic taxonomy (e.g., harm prevention, relational ethics, worship concessions, family support) and logical evidence chains to formulate a grand theory of Prophetic education; and (3) translate this theory into an operational educational framework (learning objectives, key textual references, clinical safety guidelines) for midwifery/nursing curricula and community modules. The scholarly

contributions of this study included (i) enriching the development of Islamic reproductive ethics grounded in rigorously authenticated Sunnah, (ii) providing a model for integrating *ḥadīth*, *maqāṣid*, and bioethical principles into applied contexts, and (iii) offering practical guidance for educators, family counsellors, and healthcare professionals in contemporary antenatal care (Abdulaziz Sachedina, 2024).

B. RESEARCH METHODOLOGY

This study employed a library research approach, focusing on textual analysis of canonical *ḥadīth* sources to derive normative principles relevant to pregnancy education. The research design prioritised qualitative content analysis, aiming to extract, authenticate, and synthesise Prophetic traditions into a coherent educational framework aligned with Islamic ethics and contemporary maternal health needs. The participants in this study were textual units—*ḥadīth* narrations retrieved from fourteen canonical compilations—rather than human subjects, given the library-based nature of the research. The primary research instrument was the HadistSoft application, a digital retrieval tool that provides access to major *ḥadīth* collections and embedded authenticity grading. Primary data were drawn from HadistSoft, which encompasses fourteen major *ḥadīth* compilations: *Ṣaḥīḥ al-Bukhārī*, *Ṣaḥīḥ Muslim*, *Sunan Abī Dāwūd*, *Sunan al-Tirmidhī*, *Sunan al-Nasā'ī*, *Sunan Ibn Mājah*, *Musnad Aḥmad*, *Sunan al-Dāramī*, *al-Muwaṭṭa'* *Mālik*, *Sunan al-Dāruquṭnī*, *Ṣaḥīḥ Ibn Ḥuzaymāh*, *Ṣaḥīḥ Ibn Ḥibbān*, *al-Mustadrak al-Ḥākim*, and *Musnad al-Shāfi'ī*. These collections were selected for their canonical status and comprehensive coverage of Prophetic traditions.

The digital search was conducted using the keyword '*ḥamila*' (pregnant) and its derivatives within the HadistSoft application. While this tool facilitated efficient retrieval, it operates primarily on literal string matching. This methodological limitation entailed the risk of omitting relevant narrations that discuss pregnancy contextually without using the exact root term (e.g., descriptions of childbirth, nursing, or embryology). To mitigate this limitation, a manual review of adjacent chapters (*abwāb*) related to marriage, divorce, and menstruation in key collections (*Ṣaḥīḥ al-Bukhārī* and *Ṣaḥīḥ Muslim*) was conducted post-retrieval. Furthermore, the software's authenticity grading was cross-referenced with established critical editions (e.g., *Muhammad Fu'ād 'Abd al-*

Bāqī's numbering for *Ṣaḥīḥ Muslim*, *Shu‘ayb al-Arnā’ūt's* edition for *Musnad Aḥmad*) to ensure accuracy and consistency.

The retrieval process employed keyword-based searching, focusing on the root term *ḥamila* and its derivatives, which denote pregnancy or related conditions. This keyword strategy ensured systematic identification of relevant narrations across the digital corpus. Each occurrence was examined in its full textual context to avoid semantic distortion and to capture the associated legal and ethical implications. Following extraction, the identified ḥadīth were subjected to thematic categorisation. Narrations were grouped into conceptual clusters such as: (i) harm prevention during pregnancy, (ii) worship concessions for expectant mothers, (iii) ethical marital relations, (iv) nutritional and health guidance, and (v) social and familial support. This thematic mapping facilitated the construction of an educational taxonomy that aligns scriptural directives with practical maternal care objectives. Only *maqbūl* (accepted) ḥadīth were included in the analysis. The determination of authenticity relied on the evaluations provided by classical ḥadīth scholars and the grading embedded within the source compilations. Reports classified as *ṣaḥīḥ* or *ḥasan* were retained, while weak (*da‘īf*) or fabricated (*mawdū‘*) narrations were excluded to maintain normative reliability.

For data analysis, the interpretive process adopted Miles and Huberman's logical chain strategy, which involves constructing inferential linkages between evidence to generate coherent theoretical propositions. This strategy goes beyond simple thematic grouping by systematically connecting initial codes to broader categories and then to emergent theoretical constructs. In practice, it requires tracing each theme back to its supporting hadith text and showing how these linkages form a transparent reasoning path, ensuring that the qualitative process remains auditable and comprehensible even to readers unfamiliar with advanced qualitative methods.

C. RESULTS AND DISCUSSION

1. Legitimacy of Pregnancy through Lawful Marriage

Analysis confirms the principle of *al-waladu lil-firāsh* ("the child belongs to the marital bed") as a foundational axiom of Islamic law, supported by authentic ḥadīth primarily narrated by Abu Hurairah (ra) and recorded in canonical sources such as *Ṣaḥīḥ*

al-Bukhārī and *Ṣaḥīḥ Muslim*. This principle emerged from historical cases, including the dispute between ‘Utbah ibn Abī Waqqāṣ and Zam’ah ibn al-Aswad, where the Prophet ﷺ ruled in favor of the lawful marriage bond.

This finding addressed the first thematic cluster—harm prevention and lineage protection—within the Prophetic educational framework. Analysis confirmed the principle of *al-waladu lil-firāsh* (“the child belongs to the marital bed”) as a foundational axiom of Islamic law, supported by authentic *ḥadīth* primarily narrated by Abu Hurairah (ra) and recorded in canonical sources such as *Ṣaḥīḥ al-Bukhārī* and *Ṣaḥīḥ Muslim*. This principle emerged from historical cases, including the dispute between ‘Utbah ibn Abī Waqqāṣ and Zam’ah ibn al-Aswad, where the Prophet ﷺ ruled in favour of the lawful marriage bond.

From an educational perspective, this ruling exemplifies legal certainty (*qat*) and social stability, which together provide normative guidance for family ethics specifically, safeguarding lineage, preventing harm (*sadd al-dharā’i*), and promoting public interest (*maṣlahah*). These values form part of the Prophetic taxonomy for marital education during pregnancy. The nuance of *li‘ān* (mutual imprecation) further illustrates procedural justice, reinforcing transparency and accountability—principles essential for ethical family counselling.

In contemporary contexts, challenges such as DNA testing introduce new epistemological frameworks. While classical *fiqh* prioritises the *firāsh* principle for lineage certainty, modern jurists explore genetic evidence as supplementary proof in cases of child protection or harm prevention. This dialogue reflects the adaptability of Prophetic ethics to emerging biomedical realities, aligning with the *maqāṣid* of preserving life (*hifz al-nafs*) and lineage (*hifz al-nasl*). Recent research supports this integration, noting that “genetic fingerprinting has gained significant scientific advancement in determining lineage, though its acceptance varies in legal and religious contexts” (Almazrouei, A.; Samudin, A.; Samah, 2025). Similarly, Abbasi (2025) argue that incorporating DNA evidence into Islamic legal reasoning remains contested but increasingly relevant for safeguarding family welfare.

2. Prohibition of Intercourse with Pregnant Captives/Slave Women

This finding confirmed the Prophetic prohibition of intimacy with female captives until paternity certainty is established through *istibrā' al-rahīm* (waiting period). Historically, this ruling served as a safeguard for lineage clarity (*hifz al-nasl*), a core objective of Islamic law.

Prior research (Makhlof, 2023) emphasises that Islamic legal maxims consistently prioritise lineage clarity as a non-negotiable principle within *maqāṣid al-shari‘ah*. The metaphor “Do not irrigate another’s crop” illustrates the ethical rationale behind this prohibition. (Refer to Table 2 in the appendix for further details). Contemporary studies, according to Ali (2025) A recent meta-analysis confirms that Islamic law strictly prohibits altering of lineage in adoption and assisted reproduction, advocating *kafālah* as an ethical alternative to preserve genealogical integrity while ensuring child, welfare post-conflict humanitarian crises (protecting mothers and children from sexual violence), and Assisted Reproductive Technology (ART) contexts (rejecting anonymous sperm donation that obscures parenthood). This prohibition represents a profound legal doctrine prioritising lineage clarity as a fundamental right and a pillar of a stable society. Contemporary discussions also highlight the ethical obligation to protect vulnerable women and children in post-conflict or crisis settings, aligning with Islamic moral imperatives of compassion and justice (Muaygil, 2023).

The ruling reflects Islam’s commitment to protecting progeny and preventing harm. While slavery is obsolete, the underlying ethical principle—maintaining lineage clarity—remains relevant to modern family law and bioethics. It demonstrates the adaptability of Prophetic guidance to evolving social and biomedical realities.

This principle informs educational frameworks for antenatal counselling and Islamic family ethics. It provides a normative basis for rejecting anonymous sperm donation and promoting transparent adoption systems, aligning with *maqāṣid* values of compassion and justice.

Unlike earlier fragmented discussions, this study consolidated classical rulings and modern bioethical debates into a coherent educational taxonomy. While previous studies focused on legal doctrine, this research operationalised the principle for pedagogical and clinical application

Future research should develop practical modules for healthcare providers and family counsellors that integrate lineage-protection ethics with contemporary reproductive technologies. Policy recommendations should include guidelines for ART and adoption that are consistent with Islamic ethical norms.

3. Conditional Permissibility of Marital Relations during Pregnancy (No-Harm Rule)

There is no single explicit *ḥadīth* that either commands or prohibits marital intimacy during pregnancy for a lawfully married couple. Instead, its permissibility is determined through *ijtihād* based on overarching legal maxims (*al-qawā'id al-fiqhiyyah al-kulliyah*), chiefly the maxim "*lā ḥarār wa lā ḥirār*" (no harm shall be inflicted or reciprocated). This principle functions as the primary lens for evaluating all inherently permissible actions (*mubāḥ*); if the action causes harm, its legal status changes to forbidden (*ḥarām*) or disliked (*makrūh*). Therefore, this conditional permissibility (*mubāḥ mushrāṭ*) is contingent upon the absence of harm.

The lack of a direct textual ruling demonstrates the sophistication of Islamic jurisprudence, which employs a structured hierarchy of sources. The "No Harm" maxim acts as a universal validator: any act that causes harm becomes impermissible. Modern obstetric guidelines on contraindications (such as placenta previa) directly engage this principle. A 2024 review on Islamic bioethics emphasises that adherence to medical advice in pregnancy-related matters is not only prudent but a religious obligation, as juristic reasoning integrates empirical evidence into the application of the "no harm" rule (Shoaib, 2024), making adherence to a doctor's advice a religious obligation (*wājib*).

The *ḥadīth* "You know best your worldly matters" establishes a boundary for religious knowledge, preventing overreach into empirical domains. The jurist's role is not to assess medical risk but to establish that following expert medical advice is religiously mandated, thereby creating a model of shared decision-making between medical professionals, the couple, and jurists. The concept of ensoulment (*nafkh al-rūḥ*) adds an ethical dimension, fostering voluntary respect and caution, reflecting Islam's holistic perspective that integrates law with spiritual refinement (*iḥsān*). Mitra (2021) highlights that Islamic tradition presents two views on ensoulment—one at conception and another after 40 days—while affirming moral respect for the embryo but clarifying that full

human rights are not yet conferred. This nuance reinforces the ethical caution embedded in Islamic bioethics and supports the integration of spiritual sensitivity in clinical decision-making. Contemporary Islamic public health literature underscores that sexual relations within marriage remain permissible provided they pose no medical risk, aligning with Islam's holistic approach to reproductive health and family well-being (Alomair et al., 2025). This principle informs antenatal counselling and family ethics education, ensuring that religious guidance complements medical standards for maternal and fetal health.

4. Protection of Bodily Integrity before Biological Maturity (Consent & Maqāṣid) Result

The Prophetic tradition establishes that free and informed consent (*ridā*) of both parties—especially the female—is a mandatory legal condition (*shart jāzim*) for the validity of a marriage contract (*'aqd nikāh*). Its absence, particularly due to coercion, invalidates the contract. This principle is underpinned by the objectives of Islamic law (*Maqāṣid al-Shari'ah*), safeguarding life (*hifz al-nafs*), intellect (*hifz al-'aql*), and progeny (*hifz al-nasl*). By mandating consent, the Prophet ﷺ established a preemptive mechanism to protect individuals from harm and exploitation. Consent is positioned as the *'illah* (effective legal cause) for validity, directly connecting to *maqāṣid* principles.

Recent research stresses that safeguarding consent aligns with *maqāṣid* principles, particularly *hifz al-nafs* and *hifz al-'aql*, framing coercion as a violation of both bodily integrity and moral agency. (Tanggap et al., 2025) stresses that safeguard consent aligns with *maqāṣid* principles, framing coercion as a violation of bodily integrity and moral agency. This interpretation prevents psychological distress, ensures a stable environment for child-rearing, and protects decision-making rights. Modern implications extend this principle beyond the marriage contract to all aspects of marital life, including reproductive health (Refer to Table 4 in the appendix for further details). The Prophet's emphasis on consent provides a strong religious mandate for informed consent protocols in medical practice. Padela (2024) argues that *maqāṣid*-based bioethics offers a robust framework for integrating informed consent into clinical ethics, ensuring autonomy and well-being within Islamic moral reasoning. This creates an imperative for Islamic

educational modules that reframe marital relations through the lens of consent, mutual care (*tarāhūm*), and harm prevention (*darar*). Practical application requires scholar-clinician dialogue to address complex ethical questions, such as pre-conception genetics, where clinicians provide technical knowledge and scholars supply the ethical framework based on *maqāṣid*. This integration ensures that religious guidance complements medical standards, promoting culturally sensitive healthcare and family ethics education

5. The Juridical Distinction Between Menstrual and Non-Menstrual Bleeding Result

Contemporary *fiqh* research and Prophetic traditions clearly distinguish between menstrual blood (*hayd*) and pathological bleeding (*istihādah*). *Istihādah* is classified as a pathological condition rather than a ritual impurity, which means it does not invalidate acts of worship as long as purification is maintained. Hadith evidence affirms that bleeding during pregnancy falls under the category of *istihādah*, since menstruation is defined as cyclical bleeding from a healthy uterus outside of pregnancy. Therefore, a pregnant woman experiencing such bleeding remains obligated to perform the prescribed prayers (*fard al-ṣalāh*), provided she performs ablution (*wuḍū'*) or ritual bath (*ghusl*) at each prayer time. This ruling is grounded in two foundational principles: first, the physiological understanding that menstruation does not occur during pregnancy; and second, the legal maxim of *Aṣl al-Barā'ah al-Asliyyah*, which holds that religious obligations remain binding unless there is clear evidence for exemption. Modern fatwa institutions reinforce this position, confirming that pregnancy-related bleeding does not exempt a woman from prayer, in accordance with classical jurisprudence. Practically, the woman is not required to maintain ablution throughout the day; it is sufficient to perform *wuḍū'* at the beginning of each prayer time. This guidance not only facilitates ease but also strengthens the spiritual connection of women during pregnancy, preventing unnecessary and theologically unfounded restrictions on worship. The Islamic classification also aligns with modern medical understanding, which differentiates between the menstrual cycle and pregnancy-related bleeding. Furthermore, juristic guidance permits the resumption of marital relations during *istihādah*, as the bleeding is not menstrual in nature.

The Prophetic tradition makes a clear juridical distinction between menstrual blood (*hayd*) and pathological bleeding (*istihādah*). Recent *fiqh* research emphasizes that *istihādah* is classified as a pathological condition, not a ritual impurity, and therefore does not suspend acts of worship, provided purification is maintained (Ahmad Khomaini Syafei, 2025). This distinction is critical as it determines the validity of worship ('ibādah). The hadith establishes that bleeding during pregnancy is categorised as *istihādah*, as menstruation is defined as a periodic bleeding from a healthy uterus outside of pregnancy. Contemporary fatwa bodies reaffirm this position, stating that pregnancy-related bleeding does not exempt a woman from prayer obligations, aligning with classical jurisprudence (Nidal Sultan, 2025). Consequently, the obligation of prayer (*fard al-ṣalāh*) remains incumbent upon the pregnant woman, provided she performs the required purification (*wuḍū'* or *ghusl*) for each prayer time. This ruling is rooted in a holistic understanding of divine law. Its two main pillars are: the physiological definition of *hayd* as not occurring during pregnancy, and the principle of original obligation (*Aṣl al-Barā'ah al-Asliyyah*) which states all religious duties remain binding unless there is evidence for exemption, (Refer to Table 5 in the appendix for further details) This ruling, while obligating prayer, is accompanied by great practical facilitation (*taysīr*): a woman does not need to maintain her ablution throughout the day but may simply perform *wudu* at the beginning of each prayer time. Its modern implications are empowering: it prevents unnecessary and theologically incorrect restrictions on worship, affirming her spiritual connection during pregnancy. This creates a critical need for community education to clarify common misconceptions. This Islamic categorization aligns with modern medical understanding that distinguishes between the menstrual cycle and pregnancy-related bleeding. Practical guidance from jurists underscores that a pregnant woman experiencing *istihādah* should perform ablution for each prayer time and may resume normal marital relations, as the bleeding is non-menstrual (Ask Mufti., 2024).

6. A Permissible Exemption with Differing Obligations for Making Up the Fast Result

There is a unanimous consensus (*ijmā'*) that pregnant and breastfeeding women are granted a concession (*rukhsah*) to break the Ramadan fast if they fear harm, either to themselves or their child. A recent cross-sectional study highlights that despite awareness of religious concessions, 82.2% of lactating women in Pakistan still fast during Ramadan, often prioritizing spiritual commitment over health concerns, underscoring the need for culturally sensitive guidance (Lakho et al., 2021). This practice is grounded in the broader principle of legal concession within Islamic law. This highlights the need for culturally sensitive religious and medical guidance. Juristic differences (*ikhtilāf*) arise regarding the compensatory obligation: the majority of scholars (*Mālikī, Shāfi‘ī, Ḥanbalī*) require only the missed fasts to be made up (*qadā'*), while a minority opinion (primarily *Ḥanafī*) obligates both *qadā'* and a redemption payment (*fidyah*) if the concern is solely for the child. This divergence stems from differing interpretations of Surah al-Baqarah (2:184) and the application of legal analogy (*qiyās*). The majority liken the case to temporary illness, while the minority compare it to chronic conditions such as old age. This exemption reflects the objectives of Islamic law (*Maqāṣid al-Sharī‘ah*) in protecting life (*hifz al-nafs*) and progeny (*hifz al-nasl*), prioritizing actual well-being over ritual obligation. Clinical evidence supports this model, emphasizing that decisions should be based on individual health status and informed fear, making the concession valid and necessary.

The juristic difference of opinion (*ikhtilāf*) regarding compensatory obligations for pregnant and breastfeeding women who break their fast during Ramadan reflects the dynamic interplay between classical Islamic jurisprudence and contemporary health realities. As noted by Zainab Yate (2022) Islamic legal dispensations (*rukhsah*) for breastfeeding women are grounded in the principle of necessity (*darūrah*), which prioritises the protection of life and well-being. However, scholars differ in interpreting the compensatory duties that follow such dispensations. The majority opinion—represented by the *Mālikī, Shāfi‘ī*, and *Ḥanbalī* scholars—requires only the missed fasts to be made up (*qadā'*), viewing the condition as temporary and analogous to short-term illness. In contrast, the minority opinion, primarily within the *Ḥanafī* scholar, obligates both *qadā'* and the payment of *fidyah* (redemption), especially when the fear of harm pertains solely to the child. This divergence is rooted in the interpretation of Surah al-

Baqarah Al-Baqarah (2:184) which discusses exemptions and compensations for those unable to fast, and in the application of *qiyās* (analogical reasoning). The majority analogize the case to temporary illness, while the minority liken it to chronic conditions such as old age, where fasting is permanently burdensome.

This legal flexibility is a direct application of the *Maqāsid al-Shari‘ah*, particularly the objectives of preserving life (*hifz al-nafs*) and lineage (*hifz al-nasl*). It underscores that Islamic law is not rigid but responsive to real-world conditions. Modern clinical evidence supports this approach, recognizing that maternal health and infant well-being vary significantly depending on factors such as the stage of pregnancy, lactation status, and individual health conditions. Therefore, Islamic law delegates the decision to the individual, encouraging informed choices based on personal circumstances and genuine fear of harm.

This framework calls for the development of risk-based clinical education through collaboration between medical professionals (e.g., obstetricians and paediatricians) and religious scholars. Such cooperation can help clarify that the concession to break the fast is valid, that *qadā’* is the primary obligation, and that *fidyah*—while a minority view—may be followed as a precautionary measure. Legal-ethical clarity is essential for communities to support women in making spiritually and medically sound decisions during Ramadan

7. The *Iddah* of a Widow Ends Conclusively upon Childbirth, Permitting Immediate Remarriage

Islamic law stipulates that the mandatory waiting period (*iddah*) for a pregnant widow ends immediately upon childbirth. This ruling is based on a direct Prophetic precedent in the case of Subay‘ah bint al-Ḥārith al-Aslamiyyah, granting her immediate legal clarity and the right to remarry after delivery. However, a critical juridical distinction must be made between *iddah*—a legal-marital status determining eligibility to remarry—and *nifās*—a ritual status affecting worship and marital intimacy. While *iddah* ends at childbirth, *nifās* may continue due to post-partum bleeding, and consummation of a new marriage must wait until ritual purity is restored. Recent legal

analysis Alwazna (2016). highlights this ruling as an example of Islamic law's adaptability in harmonizing textual directives with social realities. Contemporary personal status laws, such as those in Jordan, explicitly codify these distinctions and their implications for remarriage eligibility (Ahmed & Ananbeh, 2026). This ruling upholds the *Maqāṣid al-Shari‘ah*, particularly the preservation of lineage (*hifz al-nasl*) and dignity (*hifz al-karāmah*), by ensuring clarity of marital status and protecting widows from prolonged socio-economic vulnerability.

Islamic law demonstrates a balance between textual fidelity and social compassion through the ruling that a pregnant widow's *iddah* ends upon childbirth. This principle, grounded in Qur'an 65:4—"And for those who are pregnant, their waiting period is until they deliver"—is reinforced by the Prophetic precedent of Subay'ah bint al-Ḥārith al-Aslamiyyah, whom the Prophet ﷺ permitted to remarry immediately after giving birth, even during *nifās* (Ṣahīḥ Muslim, No. 1484). The distinction between '*iddah*', which governs remarriage, and *nifās*, which regulates ritual purity and intimacy, reflects the flexibility of Islamic jurisprudence in safeguarding legal rights and social well-being, a principle echoed in modern personal status laws.

Based on a direct ruling of the Prophet ﷺ in the case of Subay'ah bint al-Ḥārith al-Aslamiyyah (Refer to Table 7 in the appendix for further details), this grants her immediate legal and marital clarity, allowing her to accept a proposal and remarry immediately after delivery. The sole prerequisite for intimacy in the new marriage is that she must be in a state of ritual purity from post-partum bleeding (*nifas*) at the time of consummation. This ruling provides a swift and dignified resolution to the legal and social uncertainty faced by a widow. A qualitative study on late-life remarriage among Arab Muslim widowers highlights the enduring cultural and religious significance of remarriage, framing it as a mechanism for social stability and personal well-being (Koren & Ali-Morshed, 2023). It exemplifies the harmonization of the Qur'anic text (Q.S. 65:4) with practical reality. A critical juridical point clarified is the distinction between '*Iddah*' (a legal-marital status determining eligibility to remarry, which ends at childbirth) and *Nifās* (a ritual status affecting worship and intimacy, which requires the delay of consummation until the bleeding ceases). This ruling upholds the *Maqāṣid*: preserving progeny (*Hifz al-Nasl*) through clarity of the child's lineage, and protecting

dignity and life (*Hifz al-Karāmah wa al-Nafs*) by shielding the widow from prolonged socio-economic vulnerability. Implications for modern Muslim communities include the need to simplify civil registration processes for remarriage (using the child's birth certificate as proof), normalize and de-stigmatize remarriage for widows through education, and provide counselling and support for their empowerment.

8. 'Azl as a Permissible Method for Temporary Family Planning

Analysis of the hadith sources indicates that the practice of 'azl (coitus interruptus) was known during the time of the Prophet ﷺ and was not categorically prohibited. When the Companions asked about its ruling, the Prophet responded permissively yet with ethical nuance, affirming that if life were decreed by Allah, it would occur regardless of the method. This establishes that 'azl falls under *ibāhah* (permissibility) with certain conditions. Classical and contemporary fiqh literature identify three key principles governing this practice: first, mutual consent, where scholars unanimously agree that 'azl cannot be performed without the wife's explicit permission, as her rights to procreation and sexual fulfillment must be preserved; second, intentionality, where the metaphor of "hidden infanticide" in some narrations serves as a moral caution, urging that birth spacing should be based on legitimate reasons such as maternal health or child welfare rather than mere convenience; third, modern analogy (*qiyās*), whereby contemporary jurists extend the permissibility of 'azl to temporary contraceptive methods such as pills, IUDs, and condoms, as they share the same rational basis. Recent research (Alomair et al., 2025) supports this analogy, emphasising ethical boundaries of consent and harm prevention. Furthermore, the concept of *nafkh al-rūh* (ensoulment) at 40 or 120 days provides a critical moral reference point for decisions related to prenatal diagnostics. Scientific studies on fasting during pregnancy also reveal variable risks, confirming the relevance of the Islamic legal model based on *rukhsah* (individualised concessions).

These findings demonstrated that the Prophet's stance on 'azl reflects the inherent flexibility of Islamic law, prioritising ethical considerations over rigid legal formalism. Sinulingga (2025) argues that *al-'Azl* was an early contraceptive technique deeply embedded in *maqāṣid al-sharī'ah*, centred on safeguarding lineage and human dignity

while reinforcing family cohesion. The principles of mutual consent and intentionality align with this framework: contemporary jurists underscore that the withdrawal method—the paradigm for modern contraception—should only be practised with both spouses' informed agreement (Najimudeen, 2020). The analogy to modern contraceptive methods thus underscores the enduring relevance of Prophetic guidance in contemporary reproductive health discourse, fostering ethically grounded family planning policies. According to El Bernoussi (2025) pre-modern Islamic jurists recognised contraception as permissible when consented to, demonstrating a degree of pluralism in legal reasoning aligned with bioethical norms.

Integrating the concept of ensoulment (*nafkh al-rūh*) with modern bioethics highlights the necessity of collaborative prenatal decision-making. Rashid (2025) emphasizes that moral status in Islamic law is tied to ensoulment, marking critical junctures for permissible medical interventions. This principle resonates with the Prophetic maxim, "You know best your worldly matters," legitimising expert-driven approaches in prenatal counselling and medical decision-making. Scientific validation of *rukhsah*—individual concessions—is evident in Islamic fiqh rulings on fasting and contraception; legal opinions reflect that if contraceptive use is warranted for maternal health, it is permissible. Collectively, these scholarly insights converge into a comprehensive Prophetic-educational framework for marital intimacy during pregnancy—one that harmonizes classical guidance, bioethical principles, and scientific evidence—demonstrating the vitality of Prophetic teachings in global health and ethical discourse.

D. CONCLUSION

This study explored Prophetic educational theory regarding marital intimacy during pregnancy by analysing authenticated ḥadīth containing the term *hamila* across 14 canonical collections. Through thematic categorisation and logical chain analysis, eight core principles were synthesised into a comprehensive Prophetic framework. These principles address the legitimacy of pregnancy through lawful marriage, ethical boundaries in intimate relations, worship obligations, and permissible family planning methods—directly answering the research objectives.

Beyond confirming classical rulings, the findings revealed their adaptability to contemporary bioethical challenges, such as genetic testing and assisted reproduction. This underscores the dynamic relevance of Prophetic ethics for modern maternal health education and counselling. The framework offers practical guidance for integrating Islamic values into antenatal curricula and healthcare protocols, promoting culturally sensitive care.

The study significantly advances Islamic reproductive ethics by bridging classical Prophetic guidance with contemporary bioethical discourse and health evidence. It reinforces *maqāṣid al-shari‘ah*—particularly the protection of lineage (*hifz al-nasl*) and life (*hifz al-nafs*)—while providing actionable insights for family education, healthcare counselling, and policy formulation. The research is limited to textual analysis and does not include empirical validation in clinical or community settings.

Future research should extend these findings by conducting comparative analyses between Prophetic guidance and contemporary legal systems, particularly regarding issues such as lineage verification and reproductive rights. Empirical studies are needed to test the practical application of this Prophetic framework in clinical counselling, family education programs, and Islamic legal rulings. Additionally, emerging bioethical challenges—including assisted reproductive technologies (ART), genetic screening, and prenatal interventions—should be examined through the lens of Prophetic ethics to ensure normative alignment with *maqāṣid al-shari‘ah*. Expanding research to diverse cultural contexts within the Muslim world will also be essential for assessing adaptability and practical implementation, thereby strengthening the relevance of this framework in global maternal health and family ethics discourse.

The analysis demonstrated that Prophetic guidance, formulated more than fourteen centuries ago, anticipates ethical principles central to modern debates on reproductive technologies—affirming its timeless applicability and potential as a bridge between normative tradition and contemporary science inquiry.

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