



Hymenoplasty as a Means of Facilitating Marriage: A Comparative Study of Islamic Family Law Fatwas and Indonesian National Law

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ABSTRAK

Penelitian ini dilatarbelakangi oleh meningkatnya praktik hymenoplasty sebagai respons terhadap tekanan sosial, budaya, dan psikologis terkait konsep keperawanan, serta belum adanya pengaturan hukum yang eksplisit di Indonesia dan perbedaan pandangan dalam hukum Islam. Penelitian ini bertujuan untuk menganalisis status hukum hymenoplasty dalam perspektif fatwā hukum keluarga Islam kontemporer dan hukum nasional Indonesia, serta menilai relevansinya sebagai sarana untuk memfasilitasi perkawinan. Metode yang digunakan adalah penelitian kepustakaan dengan pendekatan konseptual, komparatif, dan perundang-undangan. Data dianalisis melalui teknik analisis isi dan analisis perbandingan terhadap fatwā dan regulasi hukum yang relevan. Hasil penelitian menunjukkan bahwa terdapat perbedaan pandangan di kalangan ulama, di mana sebagian melarang secara ketat karena alasan moral dan potensi penipuan, sementara sebagian lain membolehkan secara kondisional dengan mempertimbangkan perlindungan kehormatan dan pencegahan mudarat yang lebih besar. Dalam hukum Indonesia, hymenoplasty tidak diatur secara khusus, tetapi secara umum diperbolehkan sepanjang memenuhi standar etika, profesional, dan norma sosial. Kesimpulannya, status hukum hymenoplasty bersifat kontekstual dan dapat dibenarkan secara terbatas sebagai sarana untuk menjaga keharmonisan rumah tangga, dengan tetap memperhatikan batasan etis dan tanggung jawab moral.

ABSTRACT

This study is motivated by the increasing practice of hymenoplasty as a response to social, cultural, and psychological pressures related to the concept of virginity, as well as the absence of explicit legal regulation in Indonesia and differing views in Islamic law. The study aims to analyze the legal status of hymenoplasty from the perspective of contemporary Islamic family law fatwas and Indonesian national law, and to assess its relevance as a means of facilitating marriage. This research employs a library research method with conceptual, comparative, and statutory approaches. Data are analyzed using content analysis and comparative analysis of relevant fatwās and legal regulations. The findings reveal divergent views among scholars: some strictly prohibit the practice due to moral concerns and the potential for deception, while others permit it conditionally to protect honor and prevent greater harm. Within the Indonesian legal system, hymenoplasty is not explicitly regulated but is generally permissible as long as it complies with ethical standards, professional guidelines, and social norms. In conclusion, the legal status of hymenoplasty is contextual and may be conditionally justified as a means of maintaining marital harmony, provided that it adheres to ethical limitations and moral responsibility.

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1. INTRODUCTION

Marriage is a sacred institution in Indonesian society, grounded in traditional and religious values (Kusmardani, 2024). In Islamic family law, marriage is a sacred contract (*mitsaqan ghalizha*) with a divine dimension. It is a legitimate means to build a sakinah family and to sustain human life responsibly (Kusmardani, et al., 2022). It combines spiritual, moral, psychological, and social aspects in fostering the next generation. As narrated by Jābir bin' Abdullāh, he said that he was married during the time of the Prophet PBUH. When he met the Prophet PBUH, he asked, "Are you married, O Jābir?" He replied, "Yes." The Prophet asked again, "Girl or widow?" Jābir replied, "Widow." The Prophet PBUH said, "Why don't you marry a girl, so that you can joke with her and she jokes with you?" Jābir explained that he had several sisters, so he needed a more mature figure to help take care of them. So the Prophet PBUH said, "If so, it is good." (HR. Ibn Majah). The argument that can be understood from the hadith is that the Prophet PBUH's recommendation to marry a virgin girl is related to the consideration of benefits in building a household. Virginity is understood as the condition of a woman who has never had sexual relations with another man, so it is psychologically assumed that she has not had an emotional attachment to a previous partner (Kusmardani, 2026). In this view, marriage with a girl is considered to strengthen the initial bond between husband and wife because both begin married life without the shadow of prior relationships (Kusmardani, 2024). This is believed to have the potential to create a more complete emotional closeness and strengthen the foundation of the Muslim family. With a strong foundation, households are expected to run harmoniously and be better prepared to face various challenges and life dynamics (Rusmiati & Hastono, 2015). Virginity in some societies is seen as a symbol of honour and pride, both for women and their families. Therefore, virginity is very closely guarded and losing it before marriage is often considered a disgrace (Kencanawati & Shaluhayah, 2013).

This condition causes regret, guilt, and fear in women who experience it, including worries about not getting a soul mate and fear of rejection when in a relationship (Rohana, 2021). However, on the other hand, social reality shows a shift in values: virginity is no longer fully positioned as something taboo, especially among the younger generation (Kusmardani, 2026). Various studies indicate a significant shift in patterns of sexual behavior among Indonesian society, particularly among adolescents. Data from the Indonesian Demographic and Health Survey further confirm this trend. The survey reports that 81% of female adolescents and 84% of male adolescents have experienced dating, with approximately 44% beginning such relationships between the ages of 15 and 17. In addition, it was found that 8% of male adolescents and 2% of female adolescents have engaged in premarital sexual intercourse as early as the age of 15. At the same age, 23.6% of female adolescents and 37.3% of male adolescents reported having kissed on the lips. Moreover, 4.3% of female adolescents and 21.6% of male adolescents admitted to engaging in sexual physical activities such as touching or stimulation, while 0.7% of female adolescents and 4.5% of male adolescents reported having had premarital sexual intercourse (Astuti et al., 2025).

These findings are reinforced by the Value Survey (2017–2020), which shows that 76.5% of respondents in Indonesia perceive premarital sexual relations between men and women as increasingly common (Kusmardani, Saepulloh, et al., 2022). On the other hand, data from the National Commission on Anti-Violence against Women reveal an increasing trend in reported cases of sexual violence, including rape, rising from 135 cases in 2016 to 172 cases in 2017, 195 cases in 2018, and sharply increasing to 591 cases in 2021 (Kusmardani, 2024). From a global perspective, research conducted by World Population Review (2023) shows that the average age of first sexual intercourse ranges from 17 to 20 years. Meanwhile, in Southeast Asia, including Indonesia, the average age tends to be higher, at around 23 years (2024). The data indicate a shift in attitudes toward virginity, from something highly taboo to more open in

certain social practices. However, the complexity of sexual relations still demands the strengthening of moral education, reproductive health, and adequate legal protection.

In the last two decades, gynecology has developed the hymenoplasty procedure, which reconstructs the hymen to resemble its original condition (Damayanti, 2024). In Arabic, it is called *Ratq Ghisyā' al-Bikārah*, which refers to the reconnection of the hymen (El-Ala, 2025). This procedure is carried out due to cultural factors that still view virginity as an important value before marriage, as a form of recovery for victims of sexual violence, and to repair hymen damage due to injury or other non-sexual causes. Hymenoplasty is a procedure that was initially developed in Europe in 2006 for medical purposes, especially to treat disorders of the female reproductive organs. However, in subsequent developments, the practice shifted its orientation from therapeutic needs to aesthetic interests. In recent years, hymenoplasty has become a trend that women are interested in for the purpose of improving the appearance of intimate organs as well as restoring the “ideal” condition of the vagina.

According to Ni Komang Yeni, in an article entitled “The Trend of Beautifying the Intimate Parts is Increasing”, data from the American Society of Plastic Surgeons shows a significant increase in hymenoplasty procedures in the period 2012-2015, from 711 cases to 6,141 cases. Similar phenomena have also been reported in the UK. Data published by the BMJ recorded an increase from 580 cases in 2005 to 2,123 cases in 2012. This increase indicates a global trend in the practice of female genital aesthetic procedures. In the Indonesian context, Hardianto classified women who undergo this procedure into several age groups and goals. The age group of about 20 years generally aims to perform hymen reconstruction; the age group of 45–50 years is associated with correction of the uterine position. Meanwhile, the age group of 30-40 years is more oriented towards vaginal tightening procedures (Betyarini, 2020).

Based on observational research conducted by Putri Ramadhona Rambe at Columbia Asia Hospital Medan in 2016, it was recorded that 15 women underwent hymenoplasty (Rambe, 2017). Most of them were victims of sexual violence, such as rape, and experienced severe psychological distress and deep trauma. In some cases, there was even a tendency toward suicide if the procedure was not performed. Therefore, hymenoplasty is viewed as an alternative to restore psychological well-being and to help regain the will to live. On the other hand, there are also women who undergo hymenoplasty due to having engaged in sexual relations outside of marriage. This action is driven by fear of social stigma and anxiety about disappointing their partners if the condition of a damaged hymen is discovered. From the perspective of Indonesian law, this issue has not yet been specifically regulated in statutory provisions. Conceptually, hymenoplasty can be categorized as part of plastic surgery or bodily reconstruction procedures. Law No. 17 of 2023 on Health, particularly Article 137 paragraph (2), stipulates that reconstructive and aesthetic plastic surgery must not contradict prevailing social norms and must not aim to alter identity. However, this provision has not explicitly regulated hymenoplasty, thereby creating a legal vacuum in its governance. Furthermore, Law No. 17 of 2023 on Health Personnel, particularly Article 273 letter (i), states that health personnel have the right to refuse the request of healthcare recipients or other parties if it contradicts professional standards, ethical codes, service standards, standard operating procedures, or statutory regulations (Ningsih & Sar'an 2024).

Meanwhile, in Islamic family law, hymenoplasty remains an issue that continues to generate debate among Islamic legal scholars (Manṣūr, 1996). This is due to the absence of explicit discussion in classical Islamic legal literature, making it part of contemporary Islamic legal issues that require *ijtihad* (Pratama et al., 2025). As a result, scholars express dissenting opinions (*ikhtilāf*) regarding its legal status. Naṣr Fārid Wāṣil argues that hymenoplasty is fundamentally prohibited (*ḥarām*) because it contains several elements that constitute violations of Islamic law. This prohibition is based on several considerations. First, the procedure may involve the exposure of the *'awrah* (private parts that must be covered in Islam) without necessity (*ḍarūrah*). Second, hymenoplasty is considered a form of altering Allah's

creation without medical necessity. Third, there is a potential for harm (*ḍarar*) and deception (*ghishsh*) in marital relationships, as it conceals the true physical condition of a woman. In addition, this practice is seen as contradicting the principles of honesty (*ṣidq*) and Islamic moral values in marital relations, and is inconsistent with the principle of *mu'āsharah bi al-ma'rūf* (living with kindness and mutual respect between spouses). In contrast, 'Alī Jum'ah Muḥammad, in his fatwa, asserts that hymenoplasty cannot be declared absolutely unlawful (*ḥarām mutlaqan*). Although Islamic family law emphasizes chastity (*'iffah*) and prohibits any form of extramarital sexual relations (*zinā*), the legal ruling must be assessed contextually. In certain situations, particularly when the loss of virginity is not publicly known—whether due to sexual violence (*i'tiṣāb*) or other causes that may lead to social stigma (*wasmah ijtimā'iyah*), psychological harm (*ḍarar nafsī*), or greater harm (*mafsadah a'zam*) hymenoplasty may be considered permissible (*mubāḥ*) as a means of preserving dignity (*ḥifẓ al-'ird*) and preventing broader harm (El-Ala, 2025).

Based on these differing opinions, further research is needed to examine the practice of hymenoplasty from both Islamic family law and national law in a comparative perspective (*muqāranah*). This study focuses on analyzing the two legal systems in order to assess the permissibility (*ibāḥah*) and prohibition (*tahrīm*) of hymenoplasty in the context of modern society (Fitria, 2023). Advances in medical technology have made this procedure possible with various motivations, including avoiding social stigma, preserving family honor, and responding to cultural pressures. However, within Islamic family law, this practice is generally still considered problematic (*ishkālī*), even though in reality there are cases where damage to the hymen occurs not due to *zinā*, but due to other factors such as sexual violence or accidents. Therefore, a more comprehensive study is required to evaluate the possible legal ruling of hymenoplasty by considering relevant Islamic legal methodologies (*manāḥij uṣūliyyah*). Based on the above research background, this study formulates the following research questions. First, what is the legal status of hymenoplasty in contemporary Islamic family law fatwas, particularly from the perspectives of Naṣr Fārid Wāṣil and 'Alī Jum'ah? Second, what is the legal position and legitimacy of hymenoplasty practices within the Indonesian legal system, and how do these perspectives compare with contemporary Islamic legal fatwas? Based on these research questions, the author is interested in conducting a study entitled ***Hymenoplasty as a Means of Facilitating Marriage: A Comparative Study of Islamic Family Law Fatwas and Indonesian National Law***

2. LITERATURE REVIEW

Previous research is a review of various studies that are relevant to the object of this research, with the aim of positioning this study within the existing academic discourse and avoiding repetition, imitation, or plagiarism. This section also serves to identify the research gap and the scientific contribution of the present study. The following are several previous studies classified based on their relevance to the issue of hymenoplasty. Sheria Ayuandini (2017), in her study entitled *“For One Drop of Blood: Virginity, Sexual Norms and Medical Processes in Hymenoplasty Consultations in the Netherlands,”* concluded that hymenoplasty constitutes a complex interaction between doctors and patients, influenced by gender identity, religion, and migration background. In her research, this practice is not only viewed as a medical procedure but also as a social construction related to the need for “security” and “social safety” for women. Thus, the study primarily emphasizes the sociomedical dimension and institutional relations within healthcare practices. In contrast, Hande Guzel (2020), in her study entitled *“Becoming-Virgin: Re-Virginization Practices in Turkey,”* found that re-virginization is an ongoing process rather than a mere temporary medical procedure. The experience of becoming a “virgin again” is understood as a subjective construction involving long-term physical, psychological, and emotional transformations. This study focuses on the psychosocial

construction of women's identity (Güzel, 2020). Meanwhile, Farzana Abdilashimova (2020), in her study entitled "Reconstructing Virginity: Hidden Sentiments and Complexities Behind Hymenoplasty in Kyrgyzstan," concluded that hymenoplasty is a complex social phenomenon that cannot be simply categorized as either compliance or resistance. The study demonstrates that women possess agency in negotiating social norms and personal desires within patriarchal cultural contexts. The main focus of this research is therefore on women's subjectivity and processes of social negotiation. Furthermore, Saitri Saharso (2022), in her study entitled "Hymen 'Repair': Views from Feminist, Medical Professionals, and Women in the Middle East, North Africa, and Europe," revealed that hymenoplasty is a globally contested practice involving feminist, medical, and cultural perspectives. Her findings highlight the diversity of women's motivations, ranging from trauma recovery to social pressure and fear of stigma. This study focuses on the tension between women's autonomy, cultural norms, and ethical dilemmas in medical practice across different regions. Similarly, Corine Fortier (2021), in her study entitled "Des Certificats de Virginité aux Hyménoplasties en France," concluded that hymenoplasty practices in France are closely linked to public policy and the social construction of virginity. Her research shows that this practice is associated with cases of sexual violence and social pressure, and is influenced by cultural and religious differences, particularly in the context of Muslim women. The study focuses on the relationship between state institutions, the medical field, and the social construction of the female body. In contrast to the previous studies, the present research offers a more specific and comprehensive focus and approach. First, it employs a comparative approach between Islamic law and Indonesian national law, making it not merely descriptive but also normatively juridical in assessing the legal status of hymenoplasty. Second, it critically examines the divergent fatwas of contemporary Islamic jurists, Naṣr Farīd Wāṣil and 'Alī Jum'ah, as representations of the dynamics of *ijtihād* in responding to modern medical issues not explicitly addressed in classical fiqh literature. Third, this study is oriented toward analyzing the legal implications of hymenoplasty on the institution of marriage, particularly in relation to honesty in marital contracts, the protection of honor, and the prevention of deception within marital relations. Therefore, this study contributes a novel academic perspective in Islamic family law by adopting an integrative approach that combines Islamic legal studies and Indonesian national law. Such a comprehensive and interdisciplinary approach has not been extensively explored in previous research.

3. RESEARCH METHODS

This research is a library research (Darmalaksana, 2022). In addition, the approaches used are, first, a conceptual approach, which is employed to analyze fiqh concepts such as *maqāṣid al-sharāh*, *ḥifẓ al-'ird*, and *sadd al-dharā'i'*. Second, a comparative approach is used to compare the views of contemporary fatwas with national legal provisions. Third, a statutory approach is applied to examine legal regulations in Indonesia (Salam, 2021). The data used in this study include literature sources related to Islamic law and national law. The data sources consist of primary and secondary data. The primary data include main reference sources, namely *Fatāwā al-Syar'iyah Mu'āṣirah* by Muḥammad Ibrāhīm al-Ḥifnāwī, *al-Kalim al-Ṭayyib: Fatāwā al-'Aṣriyyah* by Alī Jum'ah Muḥammad, *Aḥkām al-Jirāḥah al-Ṭibbiyyah wa al-Āthār al-Mutarattabah 'Alayhā* by Muḥammad Mukhtār al-Shanqīṭī, *al-Aḥkām al-Ṭibbiyyah al-Muta'alliqah bi al-Nisā'* by Muḥammad Khālīd Mansūr, and *Abḥāth Qadāyā Ṭibbiyyah Fiqhiyyah al-Mu'āṣirah* by Muḥammad Nā'im Yāsīn. Meanwhile, the secondary data are obtained from legal regulations such as the Indonesian Medical Code of Ethics and Law No. 36 of 2009 on Health. The data analysis techniques used in this study are, first, content analysis, which is a method used to draw objective and systematic conclusions through the examination of various legal documents and literature. The data are then categorized based on similarities to gain an understanding of hymenoplasty practices in Islamic family law and national law.

Second, comparative analysis, which is a technique that compares the opinions of experts from various sources to identify similarities and differences, as well as to evaluate the strongest arguments. This analysis aims to provide a more comprehensive understanding of the position of hymenoplasty in Islamic law and national law.

4. RESULTS AND DISCUSSION

Surgical procedures are medical interventions employed to diagnose and treat diseases. The hymen is a fibrous tissue located approximately 0.5 to 1 cm from the vaginal opening, forming a ring with a central gap. Its morphology, including shape, size, thickness, and elasticity, varies among individuals (Sofyan, 2022). In Arabic, the hymen is called *ratq ghisya' al-bikarah*. The term *ratq* translates as "to put together" or "to patch back something broken," and in medical contexts, it denotes the repair of a damaged part (Hegazy & Al-rukban, 2012). *Ratq* may also describe a woman with an imperforate hymen, which is completely closed and obstructs sexual intercourse. *Ghisya' al-Bikarah* specifically denotes the hymen, a thin, soft tissue within the vagina. In Dutch, hymenoplasty is termed *maagdenvlieshersteloperatie*, which translates as 'restoration' in English, signifying the process of returning something to its original state (Ayuandini, 2017). Muḥammad Ibrāhīm al-Ḥifnāwī defined hymenoplasty as the restoration of a torn vagina, regardless of the cause. However, some contemporary researchers consider the repair or reconstruction of the hymen to be an outdated practice (al-Hafnāwī, 2009). Muḥammad Na'im Yasīn also described hymen restoration as returning the hymen to its original condition or closing it (Yāsīn, 1996). Based on these definitions, hymenoplasty and *Ratq Ghishā' al-Bikarah* both refer to the reconstruction of the hymen following disruptions for various reasons in women (Almaida, 2024). *Plasty* and *Ratq Ghisya al-Bikarah* both mean reconstructing the hymen after it has been affected by various causes in women (Kusmardani, 2024).

Historically, the practice of hymenoplasty has been known for centuries across various cultures, particularly in societies where virginity is considered an essential requirement for women on their wedding night. In certain traditional contexts, if a bride is found not to be a virgin, it often leads to serious social scandal. Historical accounts from Jacob Polak, an Austrian Jewish physician who worked in the Iranian royal court in 1865, indicate that some brides used this practice as a strategy to preserve their honor and to secure a higher dowry from the groom's family. In some cases, families even planned this step long before the marriage by taking their daughters to midwives to examine their virginity status. Furthermore, when a woman loses her virginity before marriage whether due to sexual violence, a previous marriage, or other reasons—she often faces restrictions in social interactions, particularly with men. In such situations, according to Polak, families may opt for *hymenoplasty* performed by experienced medical practitioners in Iran as a means of restoring the woman's social status. Approximately a century later, in 1970, an anthropologist named Annet Beur reported that hymenoplasty had become an increasingly popular procedure, especially among urban middle-class women in Tehran, Iran. Over time, this practice has also been observed in various countries in the Middle East and Latin America (Bawany & Padela, 2017). Many women choose to undergo this procedure due to social pressure and feelings of shame if they are discovered not to be virgins at the time of marriage. The operation is intended to remove physical evidence of prior sexual activity before the marriage takes place. Meanwhile, in Western societies, hymenorraphy is generally considered legal and is often viewed as comparable to other cosmetic surgical procedures in terms of ethics. From this perspective, the issue of deception is not regarded as relevant, as the procedure is seen as part of a woman's individual right over her body and is protected by the long-established principle of medical confidentiality. However, factors such as physical activities (e.g., sports) or tampon use

demonstrate that not all women experience bleeding during their first sexual intercourse, making bleeding an unreliable and often unfair indicator of virginity (Khoo et al., 2016).

Hymen Morphological Variations and Factors Causing Rupture

The hymen demonstrates a wide range of anatomical variations, all of which are considered within the spectrum of normal biological conditions in women. The annular hymen, one of the most common types, features an oval or circular central opening that allows normal menstrual blood flow (Mishra, 2020). This form is reported as the most frequently observed. Other variants include the imperforate hymen, in which the membrane completely covers the vaginal opening, preventing the release of menstrual blood and vaginal secretions; this pathological condition typically necessitates medical intervention (Wiśniewska-Ślepaczuk et al., 2021). The microperforate hymen has very small openings, which can partially obstruct menstrual flow (Barbara et al., 2017). Several small perforations in the membrane distinguish the cribriform hymen, while the septate hymen contains an additional band of tissue that divides the vaginal opening into two sections. The porous hymen, characterized by a relatively larger opening, may represent a natural anatomical variation or result from physiological changes such as childbirth or tissue remodeling.

Figure 1. Morphological Variations and Factors Contributing to Hymenal Rupture



Beyond morphological variation, the hymen also differs in physical tissue characteristics, including elasticity, thickness, and structural strength, among individuals. In some women, the hymen is elastic and can stretch before returning to its original form. In others, it may be thin and brittle, increasing the risk of rupture from physical activity, trauma, aging, or other factors. This diversity in morphology and tissue properties indicates that individual biological factors determine hymenal condition and cannot be uniformly generalized. The hymen may tear for various reasons. Accidents such as falls, hard impacts, or intense physical activity can cause tearing. Non-sexual events may also result in hymenal rupture. In some cases, hymen damage occurs due to sexual violence, especially if the victim is unconscious or asleep. Sexual activity, including premarital intercourse or certain behaviors, can injure the hymen. Some practices may further harm the genital area. This can potentially cause vaginal injury and raise the risk of infection. Hymen tearing often happens during sexual intercourse within marriage. This is a typical experience for many women. However, some women may retain an intact hymen after their first sexual encounter. Others may experience only changes or tearing of the hymen during childbirth. Based on the description above, the hymen exhibits wide morphological variation and falls within the normal anatomical range for women. Forms such as annular, imperforate, microperforate, cribriform, septate, and porous indicate that there is no single standard for hymen structure. In addition to variation in shape, hymens also differ in elasticity, thickness, and tissue strength among individuals. This diversity affects the likelihood of tearing. The hymen can be torn due to various factors, both non-sexual and sexual. Non-sexual factors

include accidents, hard impacts, intense physical activity, or other trauma. Tears can also occur due to sexual violence, sexual activity, or the labor process. On the other hand, some women can have an elastic hymen so that it does not always tear during the first sexual intercourse. Thus, the condition of the hymen is strongly influenced by individual biological factors and various possible causes, making it impossible to generalize based on a single factor.

Factors Influencing Women to Undergo Hymenoplasty Procedures

A woman's decision to undergo hymenoplasty often involves weighing her physical health, personal experiences, and social pressures. This surgery is more than just a medical procedure; it is a response to cultural beliefs that still attach moral value to the hymen (Mishra, 2020). To better understand this, the main factors behind the procedure are shown in the image below.

Figure 2. Factors Influencing Women to Undergo Hymenoplasty



Several factors motivate women to undergo hymenoplasty. Religious and cultural beliefs are significant influences (Zahro, 2015). In certain societies, the hymen is associated with the concept of virginity, which is regarded as a marker of a woman's honor and morality. Due to the high value placed on virginity in these contexts, women who are not considered virgins may experience social pressure, stigma, or even repercussions under customary law (Wynn, 2016). Consequently, some women opt for hymen reconstruction to shield themselves from these societal pressures. Experiences of sexual violence or rape also contribute to the decision to pursue hymenoplasty. Survivors of such traumatic, non-consensual events may select the procedure as part of their psychological recovery, aiming to restore self-confidence, a sense of control, and emotional well-being. Physical injury represents another factor. The hymen may be torn not only by sexual activity but also through intense physical exercise, accidents, the use of certain instruments, or other accidental causes. In such circumstances, some women choose to undergo medical procedures to repair damaged tissue, fourth, Virginity Certificates. In the context of a virginity test, a vaginal examination is performed to determine whether a woman is still considered a virgin. This examination is related to the condition of the hymen, as it is usually performed by inserting two fingers to assess its integrity. In certain situations, some parties require a virginity certificate obtained through a series of tests. If a person does not meet these requirements, they may be subject to social pressure and shame. This situation then

encourages some women to undergo surgery to reconstruct the hymen and be considered a virgin again (Wijayati, 2017). Another reason is to improve marital sexual relations. Some believe hymenoplasty can help tighten vaginal muscles that have become loose after childbirth, which may affect comfort and satisfaction during sex. Social pressure to avoid a failed engagement is also a factor. Sometimes, engagements end if a woman is found not to be a virgin (Hasan & Rosmita, 2022). Women who have experienced this may feel anxious or worried about it happening again, so they may choose surgery to prevent a similar situation in the future. These six reasons show that hymenoplasty is influenced by factors beyond medical ones. Social, cultural, and psychological pressures also play a big role. In societies where virginity is highly valued, women may choose hymen reconstruction to protect their honor and avoid stigma. Victims of sexual violence, women with physical injuries, and those needing virginity certificates may see the procedure as a way to protect themselves and regain confidence (Shaw & Dickens, 2015). Marital harmony and fear of a failed engagement are also important. Overall, hymenoplasty is a complex issue shaped by many different factors (Eserdağ et al., 2021).

Based on the description above, it can be concluded that women's decision to undergo a hymenoplasty is not solely based on medical considerations but is the result of a complex interaction among social, cultural, psychological, and religious factors. Social constructions that associate the integrity of the hymen with the concept of virginity and women's honor are the dominant factors that encourage the emergence of social pressure, stigma, and even the consequences of customary law in certain communities. In addition, the experience of sexual violence, physical injury due to certain accidents or activities, as well as administrative demands such as virginity certificates, are also factors that influence the decision. In some cases, hymenoplasty is also seen as an effort to maintain domestic harmony or prevent the cancellation of an engagement due to negative perceptions related to virginity status. Thus, hymenoplasty cannot be understood solely as an act of medical reconstruction, but as a response to the value system and social pressures that still place virginity as a symbol of women's morality. The complexity of these factors shows that the problem of hymenoplasty lies at the intersection of health, honor, psychological, and broader social structure issues.

Success Rate in Hymenoplasty

Multiple studies have demonstrated that hymenoplasty is associated with a low complication rate and high patient satisfaction. For example, Abdelilah Lahlali's study of 518 patients in Morocco (2010–2019) reported that only 0.5% experienced initial complications, specifically treatable bleeding. Similarly, Loba Isik's study of 33 patients (2004–2008) found no significant postoperative complications, with some patients reporting first-night experiences similar to the pre-hymen loss condition and without excessive bleeding (Jassem Kazem Abdullah, 2021). Goodman M's 1993 study involving 20 patients also indicated that all respondents were satisfied and did not regret undergoing the procedure. Collectively, these findings suggest that hymenoplasty is a low-risk procedure with favorable patient satisfaction outcomes. Further supporting this, Rianto Noviady Ramli's 2019 research demonstrated that tailoring hymenoplasty to the type of preoperative tear, particularly the U type as classified by McCann, and employing the horizontal mattress technique with a fast-absorbing thread resulted in no complications and high postoperative satisfaction among 4 patients. The study emphasized that preoperative evaluation, which determines the surgical method, the number of clefts repaired, and the size of the hymen opening (approximately 8 mm), is essential for successful outcomes. These results confirm that a surgical approach tailored to the tear's characteristics, combined with comprehensive preoperative consultation, is critical to the success of hymenoplasty. The results of these studies indicate that hymenoplasty is associated with a low complication rate and a relatively high level of patient satisfaction. The success of this procedure depends significantly on thorough preoperative evaluation, the selection of

surgical techniques tailored to the tear's characteristics, and the competence of the medical personnel. Therefore, implementing a standardized, individualized, and comprehensive consultation approach is essential for ensuring the safety and success of hymenoplasty (Ramli & Budi, 2019).

Hymenoplasty in Contemporary Islamic Family Law Fatwas

In Islamic family law, hymenoplasty remains a controversial issue among Muslim jurists. This is primarily due to the absence of explicit discussion in classical Islamic family law literature, making it part of a broader set of contemporary legal problems that require *ijtihad* (Abdul et al., 2019). As a result, Islamic legal scholars have expressed differing opinions (dissenting opinions) in determining its legal status (Hamdan et al., 2021). The divergence in legal rulings on hymenoplasty is influenced by several factors. First, there are differences in how scholars interpret the sources of Islamic law, as well as in the application of legal maxims and the objectives of Islamic law (Kamali, 2021). Second, there is a tension between considerations of public benefit (*maṣlahah*) and potential harm (*mafsadah*). Third, differences arise in evaluating the role and authority of custom and tradition (*‘urf*) (al-Gāmīdī, 2015). Some scholars of Islamic family law argue that the social pressure imposed on women due to the loss of virginity often constitutes a form of injustice (Eich, 2010). Therefore, this study refers to two authoritative fatwas concerning hymenoplasty issued by Naṣr Farīd Wāṣil and ‘Alī Jum‘ah. Naṣr Farīd Wāṣil argues that hymenoplasty carries several problematic legal implications within the framework of Islamic family law. The practice not only involves the exposure of *‘awrah*, but is also regarded as a form of altering the creation of God (*taghyīr khalq Allāh*), and has the potential to cause harm to the wife. Therefore, in the absence of an urgent and necessary condition (*ḍarūrah*), the procedure is considered to lack legal legitimacy and tends to be ruled as *ḥarām*. Furthermore, he categorizes this practice as a deviation from Islamic moral values, as it contradicts the principles of *fiṭrah*, religious teachings, and ethical norms. It is also viewed as inconsistent with the sanctity of marriage, which in Islam is regarded as an institution that must be protected from practices that degrade human dignity. In the context of marital relations, Islam emphasizes the principle of *mu‘āsharah bi al-ma‘rūf*, namely the obligation to treat one’s spouse in a kind and proper manner, as emphasized in the Qur’an. This principle includes showing respect, avoiding harmful actions, and safeguarding one another from all forms of harm. Accordingly, any action that has the potential to cause physical or psychological harm—including medical risks such as infection—is considered contrary to the Islamic legal maxim that prohibits mutual harm (*lā ḍarar wa lā ḍirār*).

In addition, hymenoplasty is seen as opening the possibility of deception and manipulation, as it can be used to conceal the actual reality. This contradicts the juristic principle that prioritizes the prevention of harm over the attainment of benefit, as well as the strict prohibition of all forms of deceit in Islamic teachings. Moreover, the practice is analogized to acts prohibited in *hadith*, such as altering the body for aesthetic purposes, which is considered an impermissible intervention in the creation of God. Thus, any physical modification that is not based on a legitimate medical necessity, and instead carries the potential for harm or elements of deception, is categorized as a prohibited act in Islamic law (al-Hifnāwī, 2009). In contrast to the above perspective, ‘Alī Jum‘ah explains in one of his fatwas that, as an axiomatic principle in Islamic teachings, the value of chastity (*‘iffah*) is highly upheld, while *zinā* (adultery/fornication) is classified as a major sin. Accordingly, Islamic law not only prohibits *zinā* as an act but also forbids all means that may lead to it, such as unguarded gazes, *khalwah* (seclusion between non-mahram individuals), and other forms of interaction that may result in such violations. The Qur’an explicitly prohibits approaching *zinā*, as it is a heinous act and an evil path, and prescribes a legal sanction in the form of *ḥadd* (flogging) when the offense is proven and adjudicated by a competent authority. Nevertheless, alongside these preventive

and punitive aspects, Islamic law also emphasizes the protection of honor (*ḥifẓ al-ʿird*) through the principle of concealing faults. This is based on prophetic traditions which state that a Muslim should neither wrong nor abandon a fellow Muslim in hardship, and is encouraged to conceal the faults of others—an act that will be reciprocated by Allah’s protection on the Day of Judgment. Furthermore, Islamic teachings prohibit the public dissemination of immoral acts and the open display of sins that Allah has concealed, as affirmed in both the Qur’an and the hadith. Within the framework of Islamic family law, scholars of the Hanafī school provide a legal construction whereby a woman who has lost her virginity due to a concealed act of *zinā*—that is, an act that has not been brought before legal authorities, has not resulted in the enforcement of *ḥadd*, and has not been repeated to the extent of becoming habitual—may still be legally regarded as a virgin. Consequently, she is treated as such in the marriage contract, including in matters of consent, where her silence is considered sufficient indication of approval. This reasoning is grounded in the principle of concealing faults, as requiring explicit verbal acknowledgment would expose an act that Islamic law seeks to keep hidden. According to Abū Ḥanīfah, as long as society continues to perceive the woman as a virgin, it is neither relevant nor appropriate to compel her to disclose her actual condition. Such disclosure could negatively affect her social standing and hinder her welfare. Therefore, silence is deemed sufficient to maintain a balance between legal norms and social realities. Based on this line of reasoning, hymenoplasty may be considered permissible as a medical intervention aimed at preventing harm—both material and immaterial—that could arise if the procedure is not performed. This permissibility also extends to medical practitioners, including their right to receive compensation for the services provided. However, if the woman is widely known to have committed *zinā* or has been subjected to the *ḥadd* punishment, such permissibility no longer applies, as the underlying legal cause that justifies the ruling ceases to exist (Jum’ah, 2006). From these two fatwas, a clear divergence can be identified between Naṣr Farīd Wāṣil and ‘Alī Jum’ah regarding the practice of hymenoplasty, reflecting differences in their methodological approaches to contemporary *ijtihād*. Wāṣil tends to adopt a restrictive normative approach, emphasizing the prohibition of exposing *ʿawrah*, altering the creation of God (*taghyīr khalq Allāh*), and the potential for deception (*tadlīs*) within marital relationships. Consequently, he considers the practice fundamentally *ḥarām*, except in very limited cases of necessity. In contrast, ‘Alī Jum’ah employs a contextual approach, prioritizing the protection of honor and the concealment of faults (*ṣatr al-ʿayb*). Under certain circumstances—particularly when the loss of virginity is not publicly known—he permits hymenoplasty as a means of preventing greater social harm, such as stigma or discrimination. This view aligns with the Hanafī school’s legal construction, which recognizes juridical virginity in specific cases. Thus, the core difference lies in determining priorities between the prevention of harm and the protection of honor. Wāṣil emphasizes a *sadd al-dharāʿi* (preventive) approach, whereas ‘Alī Jum’ah foregrounds contextual considerations of *maṣlaḥah*. This divergence demonstrates the methodological flexibility of Islamic law in addressing contemporary issues through the framework of *maqāṣid al-sharīʿah* (Arafah, 2020). The author is of the view that ‘Alī Jum’ah’s position permitting hymenoplasty is not without strong legal foundation. Rather, he allows it under specific conditions—namely, that it is performed only once, particularly in cases where a woman has lost her virginity due to rape or even consensual relations, and she is to be married to a man who requires his prospective wife to be a virgin. In such cases, hymenoplasty may be permitted for the sake of marital harmony (Aisyah, 2020). This consideration is especially relevant in certain Arab societies, where cultural norms may place women at severe risk if they are found not to be virgins at the time of marriage, including threats to their lives. For example, in Egypt in 1995, there were 52 reported cases of so-called honor killings out of a total of 819 homicide cases. Research conducted by the Association of Legal Aid for Women between 1998 and 2001 found that approximately 80% of victims were killed on allegations of adultery, with 59% of perpetrators being male family members. Similar

cases have also been reported in Jordan in 2007 and in Australia in 1982, indicating that honor-based violence is not confined to a single region or culture (Awad, 2013). In addition, other data indicate that nearly 48% of women reported having experienced forced sexual intercourse, and around 7% of them had attempted suicide. The motives behind these experiences vary: 31% were related to expectations surrounding sexual intercourse on the wedding night, 12% were for “tightening” purposes (vaginal rejuvenation or reconstruction of virginity), and 35% had a dual purpose, namely both for the wedding night and for restoring perceived virginity. Meanwhile, 13% of respondents stated that they underwent hymenoplasty in the hope that the procedure would improve their self-confidence or restore their sense of dignity. Almost all respondents (approximately 89%) reported fear of social sanctions due to no longer being considered virgins, and 49% of them were concerned about being expelled from their families and forced to live as socially marginalized individuals. These findings indicate that social pressure and stigma surrounding virginity have significant psychological and social impacts on women (Yusuf, 2023). In contrast, in Indonesia, there have been no documented reports of honor killings specifically linked to the loss of virginity before marriage. Nevertheless, the issue continues to generate serious familial conflicts within society (Kusmardani et al., 2022).

Several rulings of the Religious Courts and the Sharia Courts, such as Decision of the Sharia Court of Bireuen No. 0223/Pdt.G/2015/Ms. Bir, Decision of the Padang Religious Court No. 0297/Pdt.G/2017/PA.Pdg, and Decision of the Wonosari Religious Court No. 1011/Pdt.G/2022/PA.Wno, indicate that concerns regarding virginity often trigger disputes, lead to a loss of trust between spouses, and in some cases result in divorce or annulment of marriage (Kusmardani, 2024). Therefore, fatwas permitting hymenoplasty are based on the principles of *hifz al-‘ird* and *hifz al-nafs*, namely the protection of honor and the protection of life (Hamidah et al., 2022). This view differs from the fatwa advanced by Wāsil, who argues that the procedure remains prohibited regardless of the reasons. The author interprets this fatwa as having a preventive orientation, as it reflects the assumption that sexual misconduct has become widespread in both Muslim and Western societies. Accordingly, Naṣr Farīd Wāsil appears to assume that most patients undergoing hymenoplasty are women who have engaged in extramarital sexual relations. In addition, some cases involve husbands who request their wives to undergo hymenoplasty in order to restore their virginity. In this context, Naṣr Farīd Wāsil’s fatwa analogizes the procedure to altering the creation of Allah. When analyzed through the principles of Islamic family law, the two differing fatwas reflect distinct legal methodologies. ‘Alī Jum‘ah tends to apply the legal maxims *al-mashaqqa tajlib al-taysir*, meaning that hardship necessitates facilitation, and *al-darurat tubih al-mahzurat*, meaning that necessities permit prohibitions. Furthermore, ‘Alī Jum‘ah interprets the maxim *dar’ al-mafasid muqaddam ‘ala jalb al-masalih*, emphasizing that preventing harm to family institutions and marital harmony takes precedence in pursuit of greater public interest (*maslahah*) (Habibie, 2017). On the other hand, Naṣr Farīd Wāsil is more inclined to apply the legal maxim *al-darar yuzal*, meaning that harm must be eliminated. He further employs the principle *al-darar la yuzal bi al-darar*, meaning that harm cannot be removed by another form of harm. In addition, he relies on the maxim *al-asl fi al-abda’ al-tahrim*, which establishes that the original ruling regarding illicit sexual relations outside of marriage is prohibition. Consequently, in Naṣr Farīd Wāsil’s perspective, hymenoplasty is absolutely prohibited (Muslimin et al., 2021).

The Legality of Hymenoplasty in the Indonesian Legal System

The practice of hymenoplasty has increasingly been performed by women, and it is now offered by several hospitals and cosmetic clinics in Indonesia, particularly in major cities such as Jakarta, Surabaya, Malang, and Medan. Furthermore, some cosmetic clinics openly advertise hymenoplasty services on the internet. This phenomenon has generated public controversy regarding its legal status within Indonesian society (Yusuf, 2023). In Indonesian law, there is

no explicit regulation governing hymenoplasty (Sasongko, et al., 2023). However, legal scholars refer to several legal instruments, including the Indonesian Medical Code of Ethics, Law No. 29 of 2004 concerning Medical Practice, and Law No. 36 of 2009 concerning Health, as the basis for assessing the permissibility of such procedures. Under Law No. 36 of 2009 on Health, particularly Article 63(1), health recovery and disease treatment include measures to restore bodily functions due to illness or disability. Furthermore, Article 64(1) stipulates that such recovery measures may be carried out through various methods, including medical devices, plastic and reconstructive surgery, and stem cell applications. These provisions are further reinforced by Law No. 17 of 2023 on Health, particularly Article 137(2), which states that reconstructive and aesthetic plastic surgery must not contradict prevailing social norms and must not aim to alter a person's identity. In addition, Article 273(i) of the same law provides that health professionals have the right to refuse requests from patients or other parties that conflict with professional standards, ethical codes, operational procedures, or legal provisions. According to the Indonesian Medical Code of Ethics, particularly Article 10, physicians are obligated to respect the rights of patients, colleagues, and other healthcare professionals, while maintaining the trust placed in them by patients. Article 2 further emphasizes that in providing medical services, physicians must respect, protect, and fulfill patients' rights as part of human rights in the health sector. Based on these provisions, medical procedures such as hymenoplasty may be understood as part of the fulfillment of patients' rights, particularly in cases where damage to the hymen occurs unintentionally, such as due to accidents or violence. In line with this view, medical perspectives also reflect a similar tendency. In her article, Erna Setiyaningrum explains that under Law No. 23 of 1992 on Health, particularly Article 37(2), medical practice must consider legal, religious, moral, and ethical norms. However, since there is no specific regulation prohibiting hymen surgery, hymen reconstruction may be regarded as part of a patient's right to obtain medical services aimed at restoring physical condition. Thus, hymenoplasty may be performed by qualified medical professionals, such as obstetricians-gynecologists or plastic surgeons, with the aim of restoring the function of female reproductive organs. In its implementation, physicians are also required to provide comprehensive information to patients, including procedural details, costs, and potential risks, as part of the principle of informed consent in medical practice. Based on these legal provisions, it can be concluded that hymenoplasty is generally permissible under Indonesian law, provided that it is oriented toward the fulfillment of human rights, particularly the patient's right to receive healthcare services and restore physical condition.

Comparative Analysis of Contemporary Islamic Family Law Fatwā and Indonesian Legal Regulations on the Legal Ruling of Hymenoplasty

Based on the legal provisions between Islamic family law fatwas and Indonesian legal regulations concerning the practice of hymenoplasty, there are both significant similarities and differences in terms of normative orientation, epistemological foundation, and legal certainty. From the perspective of similarities, both legal systems provide an essentially restrictive legitimacy toward hymenoplasty. In both the perspective of Naṣr Fārid Wāṣil and 'Alī Jum'ah, the act cannot be regarded as a value-neutral medical practice (Pane et al, 2016). Rather, it must be associated with moral and social considerations as well as its potential impacts. Similarly, within the context of Indonesian law, although there is no explicit prohibition, the permissibility of this medical procedure is still constrained by prevailing societal norms, professional standards, and medical ethical codes. This means that both fatwa and national regulations position hymenoplasty within a precautionary approach rather than as a fully unrestricted medical procedure. Another similarity lies in the orientation toward the protection of individuals, particularly women. In 'Alī Jum'ah's perspective, the permissibility of hymenoplasty in certain conditions is grounded in the principle of protecting honor (*hifẓ al-'ird*) and preventing greater social harm such as stigma, discrimination, and even potential

violence (Aisyah & Agustin, 2025). Meanwhile, in Indonesian law, the approach is based on the patient's right to obtain healthcare services and psychological as well as physical recovery. Although the theoretical foundations differ, both approaches converge on the same point, namely the protection of individual dignity and safety. However, the differences between the two are more substantial. Within Islamic family law, the divergence lies primarily at the level of methodological *ijtihad*. Naṣr Fārid Wāṣil represents a restrictive normative approach emphasizing the principle of *sadd al-dharā'i'*, meaning the prevention of means leading to harm. This includes concerns such as deception (*tadlīs*), alteration of Allah's creation (*taghyīr khalq Allāh*), and disruption of honesty within marital relations (Sarwat, n.d.). In contrast, 'Alī Jum'ah employs a more contextual *maqāṣid al-sharī'ah* approach, emphasizing the protection of honor and the covering of personal defects (*satr al-'ayb*). This difference demonstrates that within Islamic family law there exists a methodological dialectic that produces plural fatwas while remaining within a structured normative framework. Meanwhile, in Indonesian law, the difference does not lie in methodological debates but rather in the absence of specific legal norms. The lack of explicit regulation regarding hymenoplasty in statutory law results in a legal vacuum (*fawj al-qānūn*). Existing regulations are only general in nature, such as those governing plastic surgery, patient rights, and medical practitioners' authority. As a result, the assessment of hymenoplasty tends to be left to professional ethical interpretation and medical discretion, which may lead to inconsistency in practice. Another difference is also evident in the scope of legal approach. Islamic family law directly links hymenoplasty to implications within the institution of marriage, such as honesty in the marriage contract (*'aqd al-nikāh*), potential deception, and household harmony. In contrast, Indonesian law situates this issue within the domain of health law, so that family law aspects are not explicitly regulated. This creates a lack of synchronization between medical legitimacy and family law implications, which in practice may result in domestic conflict, disputes, or even divorce. Thus, it can be concluded that the similarity between Islamic family law fatwas and Indonesian legal regulations lies in their precautionary orientation toward protecting individuals. The difference, however, lies in their normative structure and degree of legal certainty. Islamic law offers a more comprehensive analytical framework through *ijtihad* and *maqāṣid al-sharī'ah*, whereas Indonesian law remains general and lacks specific regulation. This condition highlights the importance of integrating normative religious approaches with legal regulations so that the practice of hymenoplasty can be assessed more holistically, not only from a medical perspective but also from social and family law dimensions (Kusmardani, 2026).

Hymenoplasty as a Means to Facilitate Marriage

As stated above, the factors motivating women to undergo hymenoplasty are not limited to cases of sexual violence. Rather, they include various conditions, such as women who are born without a hymen, or those whose hymen is affected by physical activities like cycling or other sports. In addition, there are cases involving women who have engaged in sexual relations, whether consensually or not. In the context of Indonesian law, there is a legal vacuum regarding this issue, while in Islamic law it is based on differing fatwas that have not reached a unified legal consensus. Within Islamic family law, as previously discussed, a woman's virginity often becomes a sensitive issue affecting marital harmony. This is despite the fact that neither classical Islamic jurisprudence, Law No. 1 of 1974 on Marriage, nor the 1991 Compilation of Islamic Law explicitly requires virginity as a legal condition for a valid marriage (Kusmardani et al, 2023). However, from the perspective of customary family law and the psychology of family relations, the loss of virginity before marriage—once discovered by a husband—often leads to marital conflict and even divorce. This raises questions regarding the legal validity of hymenoplasty as a means to facilitate marriage. Therefore, the author tends to support the permissibility of hymenoplasty based on the legal maxim *al-wasā'il tahkumu bi*

ḥukm al-maqāṣid (means take the ruling of their ends), meaning that the ruling depends on the intended purpose. If the purpose is to support marital harmony, then it may be permitted, with the condition that the procedure is performed only once. Another supporting principle is *mā lā yatimm al-wājib illā bihi fa huwa wājib* (whatever is necessary to fulfill an obligation becomes obligatory). In this context, *mu'āsharah bi al-ma'rūf* (harmonious and proper marital relations) is an obligation in marriage, and thus any means necessary to achieve it may also be considered necessary (Kusmardani et al, 2024). Furthermore, a wife who has undergone hymenoplasty is expected to perform sincere repentance (*tawbah naṣūḥah*) to remove any element of moral wrongdoing and to avoid the perception of deception toward her husband. Accordingly, the practice of hymenoplasty as a means to facilitate marriage may be considered conditionally permissible, provided that it adheres to ethical boundaries. In Indonesian law, particularly under Law No. 17 of 2023 on Health, such a procedure is also permissible as long as it complies with applicable legal, ethical, and professional standards.

5. CONCLUSION

Based on the findings of this study, it can be concluded that the legal status of hymenoplasty cannot be determined in a general or absolute manner; rather, it must be assessed contextually by considering the underlying causes, the level of necessity, and the balance between *maṣlahah* (benefit) and *mafsadah* (harm). In Islamic family law, the divergence of fatwas between Naṣr Farīd Wāṣil and 'Alī Jum'ah reflects two major approaches in contemporary *ijtihād*: a restrictive approach based on *sadd al-dharā'i'*, which tends to prohibit the practice, and a contextual approach based on *maqāṣid al-sharī'ah*, which allows conditional permissibility, particularly to protect honor (*ḥifẓ al-'ird*) and prevent greater harm. Within the Indonesian legal system, hymenoplasty is not explicitly regulated, resulting in a legal vacuum. However, the practice is generally permissible as part of reconstructive or aesthetic medical procedures, provided that it complies with medical ethics, professional standards, and prevailing social norms, as stipulated in Law No. 17 of 2023 on Health. This indicates a point of convergence between Islamic legal reasoning and national law in prioritizing the protection of individual dignity and well-being, despite differences in normative structure and levels of legal certainty. Furthermore, this study finds that hymenoplasty, under certain conditions, may function as a means to facilitate marriage, particularly in societies where virginity remains a significant social and cultural value influencing marital stability. Although virginity is not a legal requirement for marriage in either Islamic law or national law, its social implications often affect marital harmony and may even lead to conflict or divorce. Therefore, the permissibility of hymenoplasty can be conditionally justified based on the legal maxim that rulings on means (*al-wasā'il*) follow their objectives (*al-maqāṣid*), as well as the obligation to maintain harmonious marital relations (*mu'āsharah bi al-ma'rūf*). Nevertheless, such permissibility must be limited, ethically grounded, and accompanied by moral responsibility. This article contributes to the development of contemporary Islamic legal methodology by demonstrating the application of *maqāṣid al-sharī'ah* through a comparative and integrative approach between selected contemporary fatwas—particularly those of Naṣr Farīd Wāṣil and 'Alī Jum'ah—and the Indonesian national legal framework. It emphasizes that Islamic legal reasoning is capable of adapting to modern biomedical issues without losing its normative foundation, and underscores the importance of bridging religious and state legal systems in order to produce more holistic and context-sensitive legal outcomes. However, this study is limited by its reliance on normative and doctrinal analysis, focusing primarily on selected fatwas and legal texts without incorporating empirical data or clinical medical perspectives. It does not fully represent the lived experiences of women or the practical implementation of hymenoplasty within healthcare settings. Therefore, future research is recommended to adopt an interdisciplinary approach by integrating empirical fieldwork, broader comparative analyses

across Muslim countries, and deeper engagement with medical, psychological, and sociological dimensions in order to provide a more comprehensive understanding of hymenoplasty in contemporary society.

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