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Female Genital Mutilation Cutting, Marital Fidelity, and Islamic Family Law: A Maqāṣid al-Sharī'ah-Based Analysis

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Abstract

Female genital mutilation/cutting (FGM/C) remains a contested issue in Islamic family law, particularly when justified as a means of regulating female sexuality and preserving marital fidelity. This study reassesses its legal legitimacy by examining classical Islamic jurisprudence, contemporary medical evidence, and the normative objectives of maqāṣid al-sharīʿah. Employing qualitative doctrinal legal research supported by a structured integrative literature review and critical discourse analysis, the study examines Qur'anic passages, relevant hadith, Sunni juristic interpretations, socio-cultural scholarship, and public-health literature. Doctrinal analysis identifies legal classifications and their evidentiary foundations; feminist legal theory and Foucauldian discourse analysis explain gendered power relations and bodily regulation; while medical evidence informs the maqāṣid-based evaluation of harm and welfare. The findings demonstrate that the examined Qur'anic passages do not explicitly prescribe FGM/C and that classical jurists differed regarding the legal status of female circumcision. Moreover, the reviewed literature does not establish sufficiently robust empirical evidence that genital cutting increases marital fidelity, despite documented risks to sexual, reproductive, and psychological health. The study conceptualizes FGM/C as a cultural-religious hybrid shaped by interactions among customary practices, religious interpretations, and institutional authority. Its principal legal contribution is a six-stage maqāṣid-based framework integrating harm assessment, claimed benefits, evidentiary validity, less harmful alternatives, proportionality, and legal consequences. The analysis demonstrates that harmful forms of FGM/C face substantial grounds for prohibition under Islamic legal principles, particularly lā ḍarar wa lā ḍirār, without disregarding historical juristic disagreements. These findings support evidence-informed Islamic legal interpretation and reproductive health policies prioritizing bodily integrity, human dignity, and gender justice.

Keywords: *Female Genital Mutilation/Cutting; Islamic Family Law; Maqāṣid al-Sharīʿah; Islamic Jurisprudence; Bodily Integrity.*

Abstrak

Mutilasi atau pemotongan genital perempuan (female genital mutilation/cutting, FGM/C) merupakan persoalan kontroversial dalam hukum keluarga Islam, terutama ketika praktik tersebut dibenarkan sebagai upaya mengendalikan seksualitas perempuan dan mempertahankan kesetiaan perkawinan. Penelitian ini bertujuan mengevaluasi kembali legitimasi hukum FGM/C melalui analisis fikih Islam klasik, bukti medis kontemporer, dan prinsip maqāṣid al-sharīʿah. Penelitian menggunakan pendekatan kualitatif yuridis normatif yang didukung kajian literatur integratif terstruktur dan analisis wacana kritis. Sumber penelitian mencakup ayat-ayat Al-Qur'an, hadis, pandangan empat mazhab Sunni, literatur sosiokultural, serta publikasi kesehatan masyarakat. Analisis doktrinal digunakan untuk mengidentifikasi klasifikasi dan dasar argumentasi hukum, sedangkan teori hukum feminis dan pemikiran Foucault digunakan untuk menjelaskan relasi kuasa gender serta mekanisme pengaturan tubuh perempuan. Bukti medis selanjutnya diintegrasikan dalam evaluasi normatif berbasis maqāṣid al-sharīʿah. Hasil penelitian menunjukkan bahwa ayat-ayat Al-Qur'an yang dikaji tidak secara eksplisit mewajibkan FGM/C, sementara ulama fikih klasik memiliki perbedaan pendapat mengenai status hukum khitan perempuan. Literatur yang ditelaah juga belum memberikan bukti empiris yang cukup kuat mengenai hubungan kausal antara FGM/C dan peningkatan kesetiaan perkawinan, sedangkan berbagai penelitian mendokumentasikan risiko terhadap kesehatan seksual, reproduksi, dan psikologis. Penelitian ini mengidentifikasi FGM/C sebagai praktik hibrida budaya-keagamaan yang terbentuk melalui interaksi tradisi lokal, interpretasi keagamaan, dan otoritas kelembagaan. Kontribusi utamanya adalah pengembangan kerangka evaluasi hukum berbasis maqāṣid melalui enam tahap, yaitu identifikasi kemudaratan, penilaian kemaslahatan, pengujian bukti, pertimbangan alternatif yang lebih aman, proporsionalitas, dan penentuan konsekuensi hukum. Temuan ini menunjukkan bahwa bentuk FGM/C yang terbukti membahayakan memiliki dasar kuat untuk dilarang berdasarkan prinsip lā ḍarar wa lā ḍirār, tanpa mengabaikan keragaman pendapat fikih klasik. Penelitian ini merekomendasikan penguatan interpretasi hukum Islam berbasis bukti dan kebijakan kesehatan reproduksi yang mengutamakan integritas tubuh, martabat manusia, serta keadilan gender.

Kata Kunci: Mutilasi/Pemotongan Genital Perempuan; Hukum Keluarga Islam; Maqāṣid Al-Sharīʿah; Fikih Islam; Integritas Tubuh.

INTRODUCTION

Female genital mutilation/cutting (FGM/C) presents a contested legal and ethical problem at the intersection of Islamic family law, reproductive health, and women's bodily integrity. Although commonly described as female circumcision in certain Muslim communities, the terminology encompasses practices whose religious meanings and medical consequences require careful differentiation. The World Health Organization defines female genital mutilation as procedures involving

the partial or total removal of external female genitalia or other injuries to female genital organs for non-medical reasons.[1] More than 200 million women and girls have been affected worldwide, particularly in parts of Africa, the Middle East, and Asia.[2] Beyond its documented health consequences, FGM/C continues to be sustained by social expectations concerning marriageability, sexual morality, and religious identity.[3] These circumstances raise a fundamental question concerning the extent to which non-therapeutic genital cutting can be justified under Islamic jurisprudence, particularly when its alleged benefits are associated with controlling female sexuality and preserving marital fidelity.

This question requires a clear distinction between Qur'anic principles, Prophetic traditions, classical jurisprudence, local customs, contemporary religious interpretations, and state regulations. The Qur'an establishes reciprocal moral responsibilities concerning sexual conduct, including the obligation of modesty for both men and women (Q. 24:30–31), the prohibition of unlawful sexual relations (Q. 17:32), and the ethical treatment of spouses (Q. 4:19). It also characterizes marriage through tranquility, affection, and mercy (Q. 30:21). These passages do not explicitly prescribe female genital cutting or establish that women inherently possess excessive sexual desire requiring physical restraint. Nevertheless, the absence of an explicit Qur'anic prescription does not automatically establish the absence of a juristic basis, since Islamic legal reasoning also incorporates hadith, interpretive principles, and historically developed doctrines.[4] Consequently, claims concerning the religious legitimacy of FGM/C must be evaluated through the different levels of Islamic legal authority rather than through an undifferentiated distinction between religion and culture. More broadly, the argumentative use of Qur'anic and Prophetic language requires source fidelity, contextual coherence, and interpretive transparency so that

[1] WHO, "Female Genital Mutilation" (World Health Organization, 2020).

[2] UNICEF, "Female Genital Mutilation: A Global Concern" (UNICEF, 2021).

[3] Bettina Shell-Duncan and Ylva Hernlund, *Female "Circumcision" in Africa* (Lynne Rienner Publishers, 2006); Ellen Gruenbaum, *The Female Circumcision Controversy* (University of Pennsylvania Press, 2001); Rigmor C Berg and Eva Denison, "A Tradition in Transition: Factors Perpetuating and Hindering FGM/C," *International Journal of Women's Health* 5 (2013): 409–21, https://doi.org/10.2147/IJWH.S45099.

[4] Mohammad Hashim Kamali, *Maqasid Al-Shariah Made Simple* (London: International Institute of Islamic Thought, 2008); Kecia Ali, *Sexual Ethics and Islam: Feminist Reflections on Qur'an, Hadith, and Jurisprudence* (Oneworld Publications, 2006).

sacred citation is not treated as self-sufficient proof detached from its textual and interpretive setting.[5]

Classical Islamic jurisprudence further complicates the legal classification of female circumcision. The Hanafi, Maliki, Shafi'i, and Hanbali traditions have historically differed in their interpretations of its normative status, including questions of obligation, recommendation, customary merit, and permissibility. These disagreements indicate that female circumcision cannot be attributed to a single, universally accepted ruling across Sunni jurisprudence. The relevant debates also concern the interpretation and evidentiary authority of Prophetic traditions, particularly reports associated with female circumcision. Ithnin, Suliaman, and Ibrahim demonstrate that the authenticity and legal implications of these traditions remain contested,[6] while Rouzi identifies important distinctions between religious arguments and medical considerations.[7] Such disagreements require the legal status of female circumcision to be reconstructed through direct engagement with juristic reasoning rather than inferred exclusively from contemporary cultural practices. Moreover, the historical recognition of a practice does not necessarily determine its contemporary permissibility where its specific procedures and medical consequences are demonstrably harmful.

The legal problem becomes particularly significant when female genital cutting is justified as a means of suppressing sexual desire and securing marital fidelity. Socio-cultural studies demonstrate that expectations surrounding female sexuality are frequently associated with family honor, marriageability, and community acceptance.[8] Within such

[5] Ridho Wahyudi and Muhammad Khairul Fikri, "Iqtibās in Islamic Rhetorical Tradition: Aesthetic Function, Argumentative Force, and Ethical Quotation of Sacred Texts," *An-Najah: Jurnal Ushuluddin dan Studi Islam* 1, no. 1 (2026): 124–140.

[6] N K M Ithnin, I Suliaman, and A H Ibrahim, "Re-Evaluating the Authenticity of Hadith on the Shariah Ruling of Female Circumcision in Malaysia," *AlBayan* 21, no. 2 (2023): 217–42, https://doi.org/10.1163/22321969-20230133.

[7] A A Rouzi, "Facts and Controversies on Female Genital Mutilation and Islam," *European Journal of Contraception and Reproductive Health Care* 18, no. 1 (2013): 10–14, https://doi.org/10.3109/13625187.2012.749982.

[8] R Ida and M Saud, "Female Circumcision and the Construction of Female Sexuality: A Study on Madurese in Indonesia," *Sexuality and Culture* 24, no. 6 (2020): 1987–2006, https://doi.org/10.1007/s12119-020-09732-6; R Basri, F A Ali, and R Ameliah, "Female Circumcision in Bugis-Makassar Society of South Sulawesi: Between Cultural Symbolism and the Islamic Law," *Samarah* 8, no. 3 (2024): 1503–25, https://doi.org/10.22373/sjhk.v8i3.22381; T Kakal et al., "What Makes a Woman? Understanding the Reasons for and Circumstances of Female Genital

contexts, the perceived regulation of women's sexuality may acquire religious significance through the interaction of customary norms and local interpretations. However, the assumption that women possess inherently excessive sexual desire should not be conflated with established Islamic theological principles. Interpretive scholarship by Wadud, Ali, and Leo demonstrates the importance of examining gendered constructions of sexuality within their historical and interpretive contexts.[9] Furthermore, the proposition that reducing female sexual desire necessarily promotes marital fidelity requires empirical substantiation. Existing studies concerning sexual control and matrimonial relationships suggest that sexual expectations, relational power, and marital experiences are shaped by complex social conditions rather than biological factors alone.[10]

Existing scholarship on FGM/C can be organized into three interconnected but analytically distinct strands. The first emphasizes biomedical and public-health consequences, documenting complications involving reproductive health, sexual functioning, and psychological well-being.[11]

RESEARCH METHODS

This study employs qualitative doctrinal legal research supported by a structured integrative literature review and critical discourse analysis. The primary methodological orientation is normative-analytical, focusing on the interpretation and evaluation of Islamic legal

Mutilation/Cutting in Indonesia, Ethiopia and Kenya," *Culture, Health and Sexuality* 25, no. 7 (2023): 897–913, https://doi.org/10.1080/13691058.2022.2106584.

[9] Amina Wadud, *Qur'an and Woman: Rereading the Sacred Text from a Woman's Perspective.* (New York: Oxford University Press, 1999); Ali, *Sexual Ethics and Islam: Feminist Reflections on Qur'an, Hadith, and Jurisprudence*; E S Leo, "Islamic Female Sexuality and Gender in Modern Feminist Interpretation," *Islam and Christian-Muslim Relations* 16, no. 2 (2005): 129–40, https://doi.org/10.1080/09596410500059615.

[10] M Sharbafchizadeh and S Sadeghi, "Sociological Analysis of Sexual Justice in Matrimonial Relationships," *International Journal of Body, Mind and Culture* 8, no. 1 (2021): 10–26, https://doi.org/10.22122/ijbmc.v8i1.269; G N Osuafor and A J Mturi, "Attitude towards Sexual Control among Women in Conjugal Union in the Era of the HIV/AIDS Epidemic in Mahikeng, South Africa," *Etude de La Population Africaine* 28, no. 1 (2014): 538–50, https://doi.org/10.11564/28-1-506; T K Abutima and S Kyei-Gyamfi, "Navigating Desire: Sexual Practices of Left-behind Spouses in Northern Ghana," *Sexualities*, 2025, https://doi.org/10.1177/13634607251412119.

[11] Alice Behrendt and Steffen Moritz, "Posttraumatic Stress Disorder and Memory Problems after Female Genital Mutilation," *American Journal of Psychiatry* 162, no. 5 (2005): 1000–1002, https://doi.org/10.1176/appi.ajp.162.5.1000.

principles concerning female genital mutilation/cutting (FGM/C), marital fidelity, and reproductive health. The integrative review provides interdisciplinary evidence from Islamic jurisprudence, gender studies, socio-cultural research, and public health, while critical discourse analysis examines how religious and cultural arguments are constructed to legitimize the regulation of female sexuality. These approaches serve complementary rather than interchangeable functions. Doctrinal legal analysis establishes the normative framework, interdisciplinary literature provides contextual and empirical evidence, and discourse analysis identifies the mechanisms through which particular legal and moral claims acquire social legitimacy.[12]

The study adopts a structured integrative review rather than a systematic literature review because its principal objective is to synthesize heterogeneous sources and develop a normative legal argument, rather than to produce an exhaustive quantitative or qualitative synthesis of studies identified through a fully reproducible systematic search. This design is appropriate for examining the relationship between classical Islamic legal doctrines, contemporary scientific findings, and socially constructed justifications for FGM/C. Accordingly, the analysis does not claim comprehensive database coverage, pooled effect estimates, or a new empirical determination of the causal relationship between FGM/C and marital fidelity.

The research draws on documentary materials organized into four categories. The first comprises primary Islamic legal sources, including relevant Qur'anic passages, Prophetic traditions, and classical jurisprudential discussions associated with the Hanafi, Maliki, Shafi'i, and Hanbali schools. These materials provide the basis for identifying the legal classifications, textual evidence, and interpretive disagreements concerning female circumcision. The second category includes contemporary Islamic legal scholarship, institutional religious opinions, and relevant regulatory discussions addressing bodily integrity, harm prevention, and reproductive health.[13]

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[12] Norman Fairclough, *Critical Discourse Analysis* (Routledge, 2013); Kamali, *Maqasid Al-Shariah Made Simple*; Glenn A Bowen, "Document Analysis as a Qualitative Research Method," *Qualitative Research Journal* 9, no. 2 (2009): 27–40.

[13] G L Meryadinata and S I S Najib, "The Female Genital Mutilation Regulations In Indonesia: The International Law, Human Rights, and Islamic Law Perspectives," *Uti Possidetis* 6, no. 1 (2025): 123–66, https://doi.org/10.22437/up.v6i1.40503; F A Sabri and W Asitasari, "The Legal Contestation Surrounding Female Genital Mutilation in Islamic Boarding Schools: Perspective of Legal Pluralism and Its Impact

The third category consists of peer-reviewed biomedical and public-health studies, together with reports and guidelines issued by international health organizations. These sources inform the assessment of documented physical, psychological, sexual, and reproductive health consequences associated with FGM/C.[14] The fourth category includes socio-cultural and gender-oriented scholarship examining the relationship between genital cutting, religious identity, marriageability, sexual morality, and gendered power relations.[15]

The primary unit of legal analysis is the normative proposition contained in a legal text, particularly statements concerning the obligation, recommendation, permissibility, or prohibition of female circumcision. The unit of discourse analysis is an identifiable argument or narrative linking female sexuality, genital cutting, and marital fidelity. Biomedical studies constitute a separate evidentiary unit through which claims about health consequences and alleged benefits are evaluated. This distinction prevents empirical findings, normative prescriptions, and cultural interpretations from being treated as equivalent forms of evidence.

Relevant literature is identified through a structured documentary review drawing on the academic sources and bibliographic materials used in the study, including publications accessible through Scopus and

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on Women," *El-Mashlahah* 15, no. 2 (2025): 347–68, https://doi.org/10.23971/el-mashlahah.v15i2.9774; Ithnin, Suliaman, and Ibrahim, "Re-Evaluating the Authenticity of Hadith on the Shariah Ruling of Female Circumcision in Malaysia"; Rouzi, "Facts and Controversies on Female Genital Mutilation and Islam."

[14] WHO, "Female Genital Mutilation"; Berg and Denison, "A Tradition in Transition: Factors Perpetuating and Hindering FGM/C"; F Alidost et al., "Mental Health Disorders in Circumcised Reproductive-Age Women, Legal Dimensions and Prevention Strategies: A Narrative Review," *Revista Brasileira de Ginecologia e Obstetricia* 45, no. 5 (2022): 281–88, https://doi.org/10.1055/s-0043-1770130; D Klu et al., "Effect of Female Genital Mutilation (FGM) Experiences on Pregnancy Outcomes among Reproductive Aged Women in the Gambia: A Regression Analysis of the 2019–2020 Gambia Demographic and Health Survey," *Discover Public Health* 22, no. 1 (2025), https://doi.org/10.1186/s12982-025-01071-x.

[15] Gruenbaum, *The Female Circumcision Controversy*; L Octavia, "Circumcision and Muslim Women's Identity in Indonesia," *Studia Islamika* 21, no. 3 (2014): 419–57, https://doi.org/10.15408/sdi.v21i3.1217; Ida and Saud, "Female Circumcision and the Construction of Female Sexuality: A Study on Madurese in Indonesia"; Kakal et al., "What Makes a Woman? Understanding the Reasons for and Circumstances of Female Genital Mutilation/Cutting in Indonesia, Ethiopia and Kenya"; Basri, Ali, and Ameliah, "Female Circumcision in Bugis-Makassar Society of South Sulawesi: Between Cultural Symbolism and the Islamic Law."

Google Scholar. The review concentrates on scholarship addressing female genital mutilation/cutting, Islamic jurisprudence, reproductive health, marital fidelity, gendered sexual regulation, and *maqāṣid al-sharīʿah*. Classical Islamic legal texts are considered independently of contemporary publication dates because their relevance derives from their historical and doctrinal authority.

Source selection is guided by three substantive criteria: direct relevance to the research questions, identifiable scholarly or institutional authority, and the capacity to contribute to legal interpretation, empirical assessment, or socio-cultural explanation. Materials are excluded from the substantive synthesis when their relationship to the research problem is peripheral, their bibliographic identity cannot be established, or they provide unsupported claims without an identifiable evidentiary basis. Particular attention is given to distinguishing primary legal authorities from secondary interpretations and to avoiding reliance on contemporary commentaries as substitutes for classical jurisprudential evidence.

The literature is not represented as a PRISMA-compliant systematic review because a complete audit trail of database searches, duplicate removal, screening decisions, and study selection counts is not established. Therefore, the review does not report retrospective numerical screening results or claim exhaustive identification of all relevant publications. Its methodological transparency rests instead on clearly defined source categories, explicit principles of documentary selection, differentiated evidentiary functions, and a traceable sequence of legal and interdisciplinary analysis.[16]

Data analysis follows four interconnected stages. First, doctrinal legal analysis examines relevant Qur'anic principles, Prophetic traditions, and representative positions within the four Sunni schools. The analysis distinguishes the normative authority of scriptural texts from the interpretive status of classical *fiqh*, contemporary fatwas, local customs, and state regulations. Juristic positions are examined according to their textual foundations, legal classifications, interpretive reasoning, and treatment of potential harm. Particular attention is directed toward distinguishing historical recognition of female circumcision from the contemporary legal assessment of medically harmful practices.[17]

[16] Klaus Krippendorff, *Content Analysis: An Introduction to Its Methodology* (Sage Publications, 2018); Bowen, "Document Analysis as a Qualitative Research Method."

[17] Kamali, *Maqasid Al-Shariah Made Simple*; Rouzi, "Facts and Controversies on Female Genital Mutilation and Islam"; Ithnin, Suliaman, and Ibrahim, "Re-

Second, qualitative content analysis identifies recurring concepts and arguments within the documentary corpus. Relevant material is organized around five analytical categories: (1) the normative classification of female circumcision; (2) the interpretation and evidentiary authority of religious texts; (3) claims linking genital cutting to sexual restraint and marital fidelity; (4) documented medical and psychosocial consequences; and (5) legal arguments concerning harm, welfare, and bodily integrity. These categories provide a common analytical structure while preserving the distinction between different types of evidence.[18]

Third, critical discourse analysis examines how particular narratives concerning female sexuality become embedded within socio-cultural expectations and religious justification. This stage focuses on the representation of female sexual desire, the attribution of responsibility for marital fidelity, and the construction of genital cutting as a mechanism of moral regulation. Following Fairclough, the analysis considers the relationship between textual claims, their social interpretation, and the power relations that support their reproduction.[19] Feminist interpretations of Islamic legal ethics assist in identifying gendered assumptions within these narratives, while Foucault's concept of bodily regulation provides an explanatory perspective on how disciplinary expectations become normalized.[20]

Fourth, the findings are synthesized through a *maqāṣid al-sharīʿah*-based normative assessment. This stage evaluates whether the claimed benefits of genital cutting can satisfy the requirements of *maṣlaḥah* when weighed against documented harm (*mafsadah*). Particular attention is given to the protection of life (*ḥifẓ al-nafs*), lineage (*ḥifẓ al-nasl*), and human dignity, alongside the Islamic legal principle of preventing harm (*lā ḍarar wa lā ḍirār*). Medical findings are used to assess the nature and extent of health risks rather than to determine religious legal rulings independently. The legal conclusion is developed through the interpretation of relevant sources, evaluation of juristic

Evaluating the Authenticity of Hadith on the Shariah Ruling of Female Circumcision in Malaysia."

[18] Krippendorff, *Content Analysis: An Introduction to Its Methodology*.

[19] Fairclough, *Critical Discourse Analysis*.

[20] Michel Foucault, *The History of Sexuality, Volume 1* (Pantheon Books, 1978); Wadud, *Qur'an and Woman: Rereading the Sacred Text from a Woman's Perspective.*; Ali, *Sexual Ethics and Islam: Feminist Reflections on Qur'an, Hadith, and Jurisprudence.*

reasoning, and application of *maqāṣid*-based principles to the established evidentiary context.[21]

The analytical framework establishes a hierarchy among the theoretical perspectives employed in the study. Islamic jurisprudence constitutes the primary legal foundation for determining normative status and examining differences among juristic positions. *Maqāṣid al-sharīʿah* provides the evaluative criteria for assessing welfare, harm, and the ethical justification of legal rulings. Feminist legal theory serves a critical interpretive function by examining how gendered assumptions influence the construction and application of legal arguments. Foucauldian discourse analysis is employed more narrowly to explain the social normalization of bodily regulation, rather than as an independent source of Islamic legal authority. Biomedical and public-health evidence establishes the empirical basis for evaluating claims concerning the consequences and purported benefits of FGM/C.

These perspectives are integrated through a sequential analytical process: identification of the relevant legal doctrines, examination of the socio-cultural justifications, evaluation of empirical evidence, and normative assessment through *maqāṣid al-sharīʿah*. This sequence ensures that the study's legal conclusions are not derived exclusively from feminist critique, sociological interpretation, or medical findings, but from the application of Islamic legal reasoning to the issues clarified by those perspectives. The concept of a *cultural-religious hybrid* is employed as an interpretive category to explain how customary practices may acquire religious significance through interactions among social expectations, local interpretations, and institutional authority.

The credibility of the analysis is supported by source differentiation, comparison of juristic positions, and triangulation across legal, biomedical, and socio-cultural evidence. The interpretation of documentary materials follows the principles of contextual examination and source evaluation outlined by Bowen,[22] while the analytical categories are intended to support consistency in the interpretation of recurring arguments.[23] Divergent legal interpretations and competing explanations are considered rather than being automatically reconciled into a single position. Source authority, relevance, methodological

[21] Al-Shatibi, *Al-Muwafaqat Fi Usul Al-Shari'ah*, vol. 2 (Beirut: Dar al-Ma'rifah, n.d.); Jasser Auda, *Maqasid Al-Shariah as Philosophy of Islamic Law* (London: IIIT, 2008); Kamali, *Maqasid Al-Shariah Made Simple*.

[22] Bowen, "Document Analysis as a Qualitative Research Method."

[23] Krippendorff, *Content Analysis: An Introduction to Its Methodology*.

appropriateness, and limitations are assessed according to the type of evidence under examination.

Several methodological boundaries are acknowledged. The study relies on existing documentary sources and does not involve interviews, field observations, or primary clinical data collection. Consequently, its findings cannot establish the prevalence of specific community beliefs or a causal relationship between genital cutting and marital fidelity. The structured integrative review also does not provide the exhaustive search coverage associated with a systematic review. Its conclusions should therefore be understood as a doctrinal and interdisciplinary normative synthesis rather than as a new epidemiological or comparative empirical investigation. These limitations define the scope of the study while allowing a focused examination of how Islamic legal principles can be applied to contested practices in light of contemporary evidence.

RESULTS AND DISCUSSION

Female Sexuality, Hypersexuality Discourses, and Islamic Legal Interpretation

The association between female genital mutilation/cutting (FGM/C) and the regulation of female sexuality requires careful differentiation between religious prescriptions, juristic interpretations, and culturally constructed assumptions concerning sexual behavior. In certain communities, female genital cutting is justified through the belief that women's sexual desire requires external regulation to preserve chastity, marital fidelity, and family honor.[24] Nevertheless, the existence of such beliefs does not establish that they constitute a universal Islamic theological proposition. The central analytical question is whether Islamic primary sources provide sufficient normative justification for linking female sexual desire to compulsory bodily intervention. Addressing this question requires distinguishing ordinary sexual desire, socially perceived sexual excess, prohibited sexual conduct, and hypersexuality as a clinical concept. These categories are not interchangeable, and an argument concerning women's moral conduct cannot be established or refuted merely through clinical descriptions of problematic sexual behavior.

The Qur'anic framework approaches sexual morality through reciprocal responsibilities rather than explicitly identifying women as

[24] Shell-Duncan and Hernlund, *Female "Circumcision" in Africa*; Ida and Saud, "Female Circumcision and the Construction of Female Sexuality: A Study on Madurese in Indonesia"; Gruenbaum, *The Female Circumcision Controversy*.

inherently more sexually excessive than men. Qur'an 24:30 instructs believing men to restrain their gaze and safeguard their chastity, while Qur'an 24:31 extends corresponding obligations to believing women. Similarly, Qur'an 17:32 prohibits approaching unlawful sexual relations without prescribing bodily alteration as a preventive measure. Within marital relations, Qur'an 30:21 emphasizes tranquility, affection, and mercy, while Qur'an 4:19 establishes the importance of equitable treatment between spouses. These passages establish moral obligations concerning sexual conduct and marital relationships but do not explicitly mandate female genital cutting as a means of ensuring fidelity. However, the absence of an explicit Qur'anic command should not automatically be interpreted as proof that the practice has no historical juristic basis, since Islamic legal rulings may also derive from Prophetic traditions and established principles of legal interpretation.[25]

The hadith literature introduces an additional level of complexity. The report concerning five practices associated with *fiṭrah*, including circumcision, is recorded in *Ṣaḥīḥ Muslim* (no. 257).[26] Although the report establishes circumcision as a recognized practice within the Prophetic tradition, its wording does not independently provide an unequivocal gender-specific ruling requiring female genital cutting. Another frequently cited narration attributed to Umm ʿAṭiyyah describes an instruction concerning the manner in which circumcision was performed in Medina (*Sunan Abī Dāwūd*, no. 5271).[27] Its evidentiary value, however, remains contested. Abū Dāwūd himself identified weaknesses in the transmission, while subsequent scholars have differed in their assessment of the report. The distinction between the existence of a transmitted narration and its capacity to establish a binding legal obligation is therefore essential. Contemporary hadith methodology similarly emphasizes that historical attribution, textual evaluation, and normative applicability constitute related but analytically distinct dimensions of hadith interpretation.[28] As Ithnin demonstrate,

[25] Kamali, *Maqasid Al-Shariah Made Simple*; Ali, *Sexual Ethics and Islam: Feminist Reflections on Qur'an, Hadith, and Jurisprudence*.

[26] Muslim ibn al-Hajjaj, *Sahih Muslim*, ed. Muhammad Fu'ad Abd al-Baqi (Beirut: Dar Ihya' al-Turath al-Arabi, n.d.).

[27] Sulaymān ibn al-Ashʿath Abū Dāwūd, *Sunan Abī Dāwūd* (Riyadh: Dār al-Salām, 2009).

[28] Putri Naomi and Marhamah Annazah Tambunan, "Sanad, Matn and Meaning: Methodological Reconsideration in Modern Hadith Criticism," *TSIQAH: Journal of Hadith and Prophetic Tradition* 1, no. 1 (2026): 1–27.

disagreement concerning hadith authenticity and interpretation continues to influence contemporary debates about the Shariah status of female circumcision.

These textual considerations must be situated within classical jurisprudential disagreement. Within the Hanafi tradition, female circumcision has generally not been classified as an unequivocal individual obligation, while Maliki discussions commonly associate it with recommendation or customary merit. The predominant classical Shafi'i position treats circumcision as obligatory for both males and females, whereas Hanbali jurisprudence contains discussions distinguishing male obligation from the non-obligatory status of female circumcision. These descriptions summarize broad doctrinal tendencies rather than exhaust the internal diversity of each school. They demonstrate that the categories of *wājib*, *mandūb*, *mubāḥ*, and customary merit cannot be conflated. More importantly, historical juristic recognition should be distinguished from the separate question of whether a particular contemporary procedure remains legally permissible when its medical consequences are known.

The relationship between these legal traditions and gendered interpretations of sexuality is historically complex. It would be inaccurate to assume that every restrictive construction of female sexuality originates exclusively outside Islamic jurisprudence. Classical legal discussions developed within social environments shaped by particular understandings of family authority, sexual morality, marriage, and gender differentiation. Some juristic interpretations reflected these circumstances, while other approaches emphasized reciprocal obligations, ethical limitations, and the prevention of injustice. Consequently, the analysis does not posit an absolute opposition between authentic Islamic teaching and patriarchal culture. Instead, it distinguishes the authority of primary legal sources from historically situated interpretations and evaluates how specific legal propositions are constructed and justified.[29]

Feminist legal scholarship contributes to this analysis by examining whether the responsibility for preserving sexual morality is distributed asymmetrically between men and women. Recent scholarship on Qur'anic legal interpretation further demonstrates that gendered legal meaning is shaped not only by textual reasoning but also by historically

[29] Leo, "Islamic Female Sexuality and Gender in Modern Feminist Interpretation."

constituted structures of interpretive authority and the recognition of women's moral and epistemic agency.[30] Wadud emphasizes the significance of contextual Qur'anic interpretation, while Ali demonstrates how legal constructions of marriage and sexuality may reflect historically contingent understandings of gender relations. Foucault's analysis of sexuality provides an additional explanatory framework for understanding how social norms transform bodies into objects of regulation. These perspectives do not independently determine Islamic legal validity; rather, they identify interpretive assumptions that must subsequently be assessed through relevant sources and principles of Islamic jurisprudence. The resulting analytical distinction is between sexual responsibility as an ethical requirement and genital cutting as a proposed physical mechanism for enforcing that responsibility.

Accordingly, the proposition that women possess an inherent form of sexual excess requiring genital cutting cannot be established from the Qur'anic passages examined or from the contested hadith evidence alone. This conclusion does not negate the existence of historical juristic discussions concerning female circumcision, nor does it resolve every disagreement regarding its classification. Rather, it demonstrates that the alleged relationship between female sexual desire, genital cutting, and marital fidelity constitutes a distinct claim requiring both legal justification and empirical examination. The legitimacy of such an intervention must therefore be evaluated not only through its historical recognition but also through the evidentiary status of its asserted benefits and its compatibility with Islamic principles concerning harm, justice, and human welfare.

Female Circumcision as a Cultural-Religious Hybrid: Juristic Authority and the Indonesian Context

Female genital cutting cannot be adequately understood through a rigid distinction between religious obligation and cultural tradition. Its historical development demonstrates interactions among inherited practices, Islamic juristic interpretation, collective identity, and community expectations. Anthropological scholarship has documented the occurrence of female genital cutting in diverse religious and cultural environments, while studies of Muslim communities demonstrate considerable variation in its religious significance and social

[30] Rahmayati Koto, M. Farhan Hidayat, and Maisarah Siregar, "Gender, Authority, and Qur'anic Legal Interpretation: Reframing Contemporary Debates on Women's Interpretive Agency," *Journal of Qur'anic Legal Studies and Exegesis* 1, no. 1 (2026): 1–20, https://doi.org/10.68051/jqlse.v1i1.8.

implementation.[31] These findings do not establish that religious arguments are merely retrospective inventions, since female circumcision also appears within classical Islamic jurisprudence. Rather, they indicate that the relationship between established legal interpretations and lived cultural practices must be examined without assuming that either operates independently of the other.

This study conceptualizes female circumcision as a *cultural-religious hybrid* when a practice is reproduced through the interaction of customary traditions, religious interpretation, and socially institutionalized expectations. The concept is defined through six analytical indicators: historical association with customary or pre-Islamic practices; subsequent incorporation into religious interpretation; ritualization within community life; selective invocation of religious texts or juristic authority; enforcement through social expectations concerning purity, marriageability, or family honor; and contemporary contestation involving religious authorities, health professionals, or state institutions. These indicators function as diagnostic criteria rather than as a universal chronological sequence. A practice need not exhibit all six characteristics in identical forms, but its classification as a cultural-religious hybrid requires evidence of interaction between customary reproduction and religious legitimation.

The analytical significance of this concept lies in distinguishing the origin of a practice from the authority claimed for its continuation. A historically inherited custom may acquire religious significance through interpretation, ritual practice, and institutional recognition. Conversely, the presence of a religious interpretation does not establish that every form of implementation is legally mandatory. Islamic jurisprudence itself recognizes *ʿurf* as a contextual consideration under particular conditions, but customary acceptance does not independently validate practices contrary to established legal restrictions or demonstrable harm. Therefore, the hybrid framework explains how cultural and religious legitimacy interact without reducing juridical disagreement to a simplistic opposition between authentic religion and non-religious custom.

Indonesia provides a particularly relevant setting for examining these interactions. Octavia identifies the relationship between female

[31] Kakal et al., "What Makes a Woman? Understanding the Reasons for and Circumstances of Female Genital Mutilation/Cutting in Indonesia, Ethiopia and Kenya."

circumcision and the construction of Muslim women's identity,[32] while Ida and Saud discuss how genital cutting intersects with cultural understandings of femininity and sexuality among Madurese communities.[33] Basri demonstrate that within Bugis-Makassar society, female circumcision operates through overlapping religious and cultural meanings.[34] These studies illustrate how a bodily practice may be understood simultaneously as a familial tradition, a ritual marker, and an expression of religious belonging. Nevertheless, such findings should not be generalized to all Indonesian Muslim communities, given the variability of local practices, procedures, and interpretations.

The institutional dimension further reveals that religious authority is neither singular nor uncontested. Indonesian Islamic discourse includes juristic opinions that distinguish female circumcision from medically harmful forms of genital cutting. The Indonesian Council of Ulama's Fatwa No. 9A of 2008, concerning the prohibition of female circumcision, recognizes female circumcision as a practice associated with *fiṭrah* and religious merit (*makrumah*) while addressing the limits of excessive cutting. This position demonstrates that contemporary institutional interpretation may retain religious recognition of a practice without endorsing every possible procedure. Its normative implications must nevertheless be differentiated from classical juristic rulings and from binding state regulations. A fatwa constitutes an institutional religious opinion whose authority operates differently from the legal force of enacted government regulation. Contemporary scholarship similarly demonstrates that fatwa authority and state regulatory authority operate through distinct institutional mechanisms, even though religious opinions may acquire broader public consequences through processes of institutional translation and governmental recognition.[35]

A different regulatory orientation is expressed in Indonesia's Government Regulation No. 28 of 2024, issued to implement Law No. 17 of 2023 concerning Health. Article 102 includes the elimination of

[32] Octavia, "Circumcision and Muslim Women's Identity in Indonesia."

[33] Ida and Saud, "Female Circumcision and the Construction of Female Sexuality: A Study on Madurese in Indonesia."

[34] Basri, Ali, and Ameliah, "Female Circumcision in Bugis-Makassar Society of South Sulawesi: Between Cultural Symbolism and the Islamic Law."

[35] Asrim Muda Harahap, Nosudera TTR, Ilman Sakti Siregar, and Umi Amaliyah, "Fatwa, State, and Public Morality: Islamic Legal Authority in Contemporary Governance Systems," *Islamicate Futures: Knowledge, Ethics, and Muslim Societies* 1, no. 2 (2026): 282–309, https://doi.org/10.68051/ifkems.v1i2.47

female circumcision practices within reproductive health measures for infants, toddlers, and preschool children. This provision demonstrates the increasing importance of reproductive protection and preventive health policy within contemporary Indonesian regulation. The relationship between the fatwa discourse and the government's health framework should not be interpreted simply as religion opposing medicine. Instead, it constitutes an example of legal pluralism in which religious reasoning, customary expectations, clinical evidence, and state authority may differ in their classifications, objectives, and institutional consequences.[36]

The Indonesian case therefore demonstrates a process of cultural-religious negotiation rather than a uniform national practice. Local customs may sustain the social meaning of genital cutting, religious interpretations may confer normative significance, and regulatory institutions may introduce restrictions based on public-health considerations. These interactions can be represented analytically as customary reproduction, religious reinterpretation, ritualization, moralization, social enforcement, institutional contestation, and potential reform. The sequence is not necessarily linear, since practices may change through multiple and overlapping processes. This framework provides a more precise basis for examining the persistence and transformation of FGM/C than either a purely cultural or an exclusively theological explanation.

The conceptual contribution of the cultural-religious hybrid framework is thus explanatory rather than independently jurisprudential. It identifies the mechanisms through which communities attribute religious authority to practices and the conditions under which these claims become contested. It does not determine the legal permissibility of genital cutting solely from its historical or social characteristics. That determination requires a separate assessment of relevant juristic evidence, the nature of the procedure, medical consequences, and applicable Islamic legal principles. By distinguishing these levels, the framework clarifies how social legitimacy can persist even when legal and medical institutions reach different evaluations of the same practice.

Reproductive Health Consequences: A Type-Specific Assessment of Medical Evidence

[36] Sabri and Asitasari, "The Legal Contestation Surrounding Female Genital Mutilation in Islamic Boarding Schools: Perspective of Legal Pluralism and Its Impact on Women"; Meryadinata and Najib, "The Female Genital Mutilation Regulations In Indonesia: The International Law, Human Rights, and Islamic Law Perspectives."

The medical assessment of female genital mutilation/cutting (FGM/C) requires differentiation according to the anatomical procedures involved, rather than treating all forms as a homogeneous intervention. The World Health Organization classifies FGM into four major types: Type I involves partial or total removal of the clitoral glans and/or clitoral hood; Type II involves removal of the clitoral glans and labia minora, with or without the labia majora; Type III involves narrowing the vaginal opening through infibulation; and Type IV encompasses other harmful non-medical genital procedures, including pricking, piercing, incising, scraping, and cauterization. Although all four categories involve non-therapeutic injury and carry health risks, the nature, severity, and probability of complications vary according to anatomical involvement, procedural conditions, and individual circumstances.[37]

Immediate complications may include pain, bleeding, infection, tissue injury, and urinary difficulties, while longer-term consequences can affect sexual functioning, psychological well-being, urinary health, and reproductive outcomes. The strength and directness of evidence, however, differ across specific outcomes and FGM types. Clinical and epidemiological literature identifies an association between FGM/C and several adverse maternal and reproductive outcomes, but it would be methodologically inappropriate to attribute identical risks to every procedure or to interpret all reported associations as evidence of equivalent causal effects.[38] In particular, severe anatomical modifications such as infibulation may create mechanical complications relevant to childbirth, whereas less extensive procedures require separate evaluation based on their specific characteristics.

Sexual and psychological outcomes likewise require cautious interpretation. Studies involving women who have experienced FGM/C document sexual pain, difficulties with sexual functioning, reduced

[37] WHO, "Female Genital Mutilation."

[38] H Seyler, "Sexual and Reproductive Health Consequences of Female Genital Mutilation," *Sexuologie* 16, no. 1–2 (2009): 12–16, https://www.scopus.com/inward/record.uri?eid=2-s2.0-70350274330&partnerID=40&md5=1d4e20e9f2f533da0bcabeff83b0adca; M E Nosse and J Wacker, "Female Genital Mutilation," in *Global Women's Health: Gynecology and Obstetrics Under Diverse Global Conditions*, 2024, 275–90, https://doi.org/10.1007/978-3-662-69700-9_21; Klu et al., "Effect of Female Genital Mutilation (FGM) Experiences on Pregnancy Outcomes among Reproductive Aged Women in the Gambia: A Regression Analysis of the 2019–2020 Gambia Demographic and Health Survey."

satisfaction in some populations, and psychological symptoms associated with trauma.[39] Nevertheless, these findings vary with procedural type, individual experience, cultural context, and measurement methods. The available evidence supports recognition of significant health risks but should not be used to assert that all affected women experience identical sexual or psychological consequences. Nor should infertility be characterized as an inevitable result of genital cutting. Claims concerning infertility and other specific reproductive outcomes must be evaluated separately from more established associations involving infection, obstetric complications, or sexual pain.

Table 1. Type-Specific Medical Consequences of Female Genital Mutilation/Cutting

WHO type	Immediate effects	Long-term effects	Reproductive effects	Evidence assessment
Type I	Pain, bleeding, infection, localized tissue injury	Scarring, possible sexual pain or altered sensation	Specific obstetric risks not established uniformly across studies	Documented general risks; limited type-specific certainty for some outcomes
Type II	Bleeding, pain, infection, more extensive tissue injury	Scarring, sexual dysfunction, urinary or genital symptoms	Associations with obstetric complications; magnitude varies by study	Moderate support for several outcomes, but heterogeneous
Type III	Significant tissue injury, bleeding, infection, urinary difficulties	Infibulation-related obstruction, sexual pain, menstrual or	Increased risk of difficult labor, obstetric injury, postpartum hemorrhage and	Stronger and more direct evidence for certain anatomical and

[39] Behrendt and Moritz, "Posttraumatic Stress Disorder and Memory Problems after Female Genital Mutilation"; Alidost et al., "Mental Health Disorders in Circumcised Reproductive-Age Women, Legal Dimensions and Prevention Strategies: A Narrative Review"; S Shafaati Laleh, F Soltani, and A Yıldız Karaahmet, "A Study on Sexual Satisfaction of Circumcised Women: Findings and Challenges," *International Journal of Sexual Health* 37, no. 4 (2025): 601–11, https://doi.org/10.1080/19317611.2025.2527061.

		urinary difficulties	related complications	obstetric complications
Type IV	Procedure-dependent pain, bleeding, infection or tissue injury	Variable scarring, localized symptoms and possible psychological effects	Insufficient evidence to assign a uniform reproductive risk profile	Limited and heterogeneous procedure-specific evidence

Source: Synthesized from WHO, Seyler, Nosse and Wacker, Klu, Behrendt and Moritz, and Alidost.

Note: Evidence assessments are descriptive judgments based on the cited literature, not formal GRADE ratings. Risk varies by procedure and setting. The table does not imply that every individual undergoing a particular type will experience the stated complications.

Table 1 summarizes the anatomical characteristics of the four WHO categories and the principal domains of medical concern. The evidence-appraisal column indicates the relative specificity of available findings rather than numerical certainty. Because the present study is an integrative legal review rather than a formal systematic review of clinical outcomes, these classifications represent qualitative assessments of the cited literature and WHO guidance, not results of a new meta-analysis.

The implications of medical evidence extend beyond the assessment of clinical outcomes to the evaluation of alleged religious and marital benefits. The absence of a therapeutic indication means that the practice cannot be defended through conventional clinical necessity. Furthermore, public-health literature documenting negative sexual or reproductive outcomes does not independently prove or disprove every claim concerning marital fidelity. Such claims require direct evidence connecting the intervention to the relevant behavioral outcome. The distinction is essential because sexual desire, sexual satisfaction, sexual functioning, and marital faithfulness represent different analytical variables.

From the perspective of Islamic legal reasoning, medical findings provide evidence concerning the presence, probability, and severity of harm. They do not independently establish a complete Islamic legal classification. The significance of such findings arises when they are evaluated through relevant juristic principles concerning the prevention of harm, the protection of life, and the conditions under which an asserted

benefit may justify an action.[40] The greater the demonstrable harm associated with a procedure, the stronger the justificatory burden placed on claims that the procedure serves a legally recognized interest. Where a procedure lacks medical benefit and its alleged contribution to marital fidelity remains unsubstantiated, its continued justification requires particularly careful normative examination.

Accordingly, the medical evidence establishes an essential but limited component of the legal analysis. It supports the assessment that FGM/C entails significant and procedure-dependent health risks without requiring the assumption that every type produces equivalent outcomes. Its principal contribution to the present study is to clarify the evidentiary basis for evaluating harm and to distinguish established medical consequences from unverified claims of moral or marital benefit. This evidence subsequently informs the maqāṣid-based evaluation of whether non-therapeutic genital cutting can satisfy the requirements of legally defensible *maṣlaḥah*.

Marital Fidelity and Sexual Regulation: Evaluating the Alleged Causal Relationship

The proposition that female genital mutilation/cutting (FGM/C) promotes marital fidelity rests on a causal assumption that requires separate empirical and normative examination. In certain cultural settings, genital cutting is justified through the expectation that reducing women's sexual desire will lower the likelihood of extramarital relationships and thereby protect family stability.[41] This argument involves several distinct propositions: genital cutting is assumed to reduce sexual desire; reduced desire is assumed to decrease extramarital sexual behavior; and reduced extramarital behavior is assumed to secure marital fidelity. Each proposition requires independent evidentiary support. Even if a procedure were associated with changes in sexual sensation or desire, such an association would not by itself establish a causal effect on fidelity.

Conceptual precision is necessary because marital fidelity, marital satisfaction, sexual satisfaction, relationship quality, and sexual

[40] Al-Shatibi, *Al-Muwafaqat Fi Usul Al-Shari'ah*; Auda, *Maqasid Al-Shariah as Philosophy of Islamic Law*; Kamali, *Maqasid Al-Shariah Made Simple*.

[41] Shell-Duncan and Hernlund, *Female "Circumcision" in Africa*; Kakal et al., "What Makes a Woman? Understanding the Reasons for and Circumstances of Female Genital Mutilation/Cutting in Indonesia, Ethiopia and Kenya"; Ida and Saud, "Female Circumcision and the Construction of Female Sexuality: A Study on Madurese in Indonesia."

autonomy are related but analytically distinct constructs. Marital fidelity concerns adherence to agreed or normatively defined expectations of sexual exclusivity within marriage. Marital satisfaction refers to an individual's overall evaluation of marital life, while sexual satisfaction concerns experiences within the sexual relationship. Sexual autonomy describes the capacity to make decisions concerning one's sexual and bodily life without coercion. Evidence concerning one construct cannot automatically be treated as proof of another. Accordingly, studies reporting sexual dysfunction following FGM/C provide evidence concerning sexual health, but they do not directly establish whether women who undergo the practice are more or less likely to engage in extramarital relationships.[42]

The first component of the justification concerns the presumed biological mechanism. By modifying genital tissue, the practice is expected to reduce sexual sensitivity or desire. Medical literature identifies possible adverse effects on sexual functioning, including pain, altered sensation, and reduced sexual satisfaction in some affected populations. However, physiological consequences cannot be generalized across all FGM/C types or interpreted as a reliable mechanism for modifying moral behavior. Sexual desire and sexual conduct are not equivalent, and altered sexual sensation does not demonstrate compliance with marital expectations. The assumed transition from anatomical intervention to moral restraint therefore remains insufficiently established.

The second component concerns the proposed behavioral effect. The justification presupposes that reduced sexual desire decreases extramarital sexual activity. Yet the literature reviewed in this study does not establish a reliable causal relationship between FGM/C and marital fidelity. Abutima and Kyei-Gyamfi examine sexual practices in the context of spousal separation, illustrating the importance of social circumstances in understanding sexual relationships.[43] Osuafor and Mturi investigate attitudes toward sexual control within conjugal unions,[44] while Sharbafchizadeh and Sadeghi address sexual justice in matrimonial relationships. Although these studies provide relevant

[42] Sharbafchizadeh and Sadeghi, "Sociological Analysis of Sexual Justice in Matrimonial Relationships."

[43] Abutima and Kyei-Gyamfi, "Navigating Desire: Sexual Practices of Left-behind Spouses in Northern Ghana."

[44] Osuafor and Mturi, "Attitude towards Sexual Control among Women in Conjugal Union in the Era of the HIV/AIDS Epidemic in Mahikeng, South Africa."

contextual insights, they do not constitute direct causal tests of whether genital cutting prevents infidelity.[45] Consequently, they cannot be used to calculate the effectiveness of FGM/C as a mechanism for securing marital faithfulness.

The third component concerns the relationship between sexual well-being and marital stability. Evidence of pain, psychological distress, or reduced sexual satisfaction following FGM/C may raise concerns regarding intimate relationships and individual well-being.[46] Nevertheless, it would be equally inappropriate to infer that greater sexual satisfaction necessarily produces fidelity or that sexual dissatisfaction inevitably results in infidelity. Such claims require research specifically measuring marital behavior and relevant confounding factors. The defensible conclusion is narrower: the reviewed literature identifies significant potential harms associated with FGM/C but does not establish that the intervention produces the asserted behavioral benefit of increased marital fidelity.

From an Islamic legal perspective, this evidentiary limitation has direct implications for the concept of *maṣlaḥah*. The protection of marriage and the prevention of prohibited sexual conduct may constitute legitimate normative concerns, but recognizing the legitimacy of an objective does not automatically establish the permissibility of every measure proposed to achieve it. A particular intervention requires a defensible connection between the means employed and the benefit claimed. Moreover, the existence of documented harm must be incorporated into the legal evaluation rather than displaced by an assumed social advantage. Under the framework of *maqāṣid al-sharīʿah*, the claimed benefit must therefore be assessed in terms of its legal recognition, evidentiary reliability, proportionality, and compatibility with the protection of fundamental human interests.

The Qur'anic understanding of marital relations provides an additional normative context. Qur'an 30:21 associates marriage with tranquility, affection, and mercy, while Qur'an 24:30–31 establishes reciprocal moral responsibility concerning sexual conduct. These principles do not prescribe bodily injury as a method of securing marital loyalty. They also indicate that the legal evaluation of sexual conduct should not rely on an unsupported assumption that women require

[45] Behnam Sadeghi, *The Logic of Law Making in Islam: Women and Prayer in the Legal Tradition* (Cambridge: Cambridge University Press, 2013).

[46] Alidost et al., "Mental Health Disorders in Circumcised Reproductive-Age Women, Legal Dimensions and Prevention Strategies: A Narrative Review."

uniquely invasive physical regulation. However, the broader principles of marital ethics must be distinguished from specific juristic classifications of circumcision, which require their own textual and doctrinal assessment.

The resulting argument is therefore not that FGM/C is empirically incapable of influencing sexual behavior under every conceivable circumstance. Rather, the reviewed literature does not establish a reliable causal relationship between genital cutting and marital fidelity, while substantial evidence demonstrates adverse consequences for sexual and reproductive health. This distinction is decisive for the normative analysis because an unverified behavioral benefit cannot be treated as an established *maṣlaḥah* capable of overriding documented harm. The legal significance of this finding is examined through a structured test of harm, benefit, proportionality, and juristic authority in the following section.

Islamic Legal Reassessment: A Maqāṣid-Based Test of Harm, Benefit, and Legal Consequences

The Islamic legal evaluation of female genital mutilation/cutting (FGM/C) requires a distinction between historical jurisprudential classification, empirical evidence of harm, and the normative assessment of contemporary procedures. The existence of classical disagreement regarding female circumcision does not automatically establish the permissibility of every modern form of genital cutting. Conversely, evidence of adverse medical consequences must be incorporated into a legally reasoned assessment rather than treated as a substitute for juristic argument. To address this distinction, the present study develops a six-stage *maqāṣid*-based evaluative framework involving the identification of harm, recognition of claimed benefits, assessment of evidentiary validity, consideration of less harmful alternatives, proportional balancing of competing interests, and determination of legal consequences.

Table 2. A Six-Stage Maqāṣid-Based Legal Assessment of FGM/C

Stage	Legal question	Assessment in this study
Harm	Is there medically demonstrable harm?	WHO and clinical studies identify type-dependent health risks
Benefit	Is marital fidelity a legitimate legal interest?	Marital fidelity is normatively recognized; the proposed

		physical means requires separate justification
Evidence	Does FGM/C demonstrably improve fidelity?	No reliable causal relationship established by the literature reviewed
Alternatives	Can the legitimate objective be pursued without bodily injury?	Non-injurious marital education and ethical responsibilities are available as alternative approaches
Proportionality	Can an uncertain benefit outweigh documented harm?	The purported benefit does not provide a sufficient evidentiary basis to override established risks
Legal consequence	What is the resulting juridical assessment?	Harmful forms warrant prohibition-oriented analysis; historical classifications, individual liability, and positive-law consequences remain distinct

Source: Authors' analytical synthesis based on Al-Shāṭibī, Auda, Kamali, contemporary medical evidence, and the juristic principles of harm prevention and welfare assessment.

Note: The framework is proposed as an evaluative instrument. It is not presented as a universally codified decision test shared by all Sunni legal schools.

The first stage examines whether the procedure entails demonstrable harm (*ḍarar*) and how that harm should be characterized. The Prophetic principle *lā ḍarar wa lā ḍirār* establishes a foundational concern with preventing the infliction and reciprocation of harm. Within Islamic legal reasoning, this principle is reflected in the maxim *al-ḍarar yuzāl*, according to which harm should be eliminated. However, the identification of harm requires attention to the nature of the intervention, the severity and probability of adverse effects, and the reliability of the underlying evidence. Contemporary medical literature identifies significant risks associated with FGM/C, although these risks vary across the four WHO categories and individual circumstances. Consequently, a legally defensible assessment should avoid treating all procedures as anatomically identical while recognizing that non-medical genital injury may create risks without corresponding therapeutic benefit.

The second stage identifies the benefit asserted in support of the practice and determines whether it constitutes a legally recognized interest. In the present case, the principal justification under examination is the alleged protection of marital fidelity through the regulation of female sexual desire. Islamic jurisprudence recognizes the importance of

marriage, chastity, and family welfare, but the existence of these objectives does not independently validate every proposed means of achieving them. The doctrine of *maṣlaḥah* requires consideration of whether a claimed interest genuinely supports the objectives of Islamic law and whether its realization is compatible with established legal principles. The preservation of marriage must therefore be distinguished from assumptions about the necessity of bodily intervention to secure marital stability.

The third stage evaluates the evidentiary status of the alleged benefit. This stage separates a socially accepted justification from an empirically substantiated relationship. The reviewed literature does not establish a reliable causal relationship between FGM/C and marital fidelity. Studies concerning sexual health, matrimonial relationships, and gendered social expectations provide important contextual evidence, but they do not demonstrate that genital cutting reduces extramarital sexual conduct.[47] Consequently, the proposed benefit cannot be treated as an established empirical outcome. In *maqāṣid*-based reasoning, this limitation weakens attempts to justify an intervention that creates identifiable harm through an asserted benefit whose effectiveness remains unverified.

The fourth stage considers whether the legitimate objective can be pursued through less harmful alternatives. Protecting marital relationships and encouraging responsible sexual conduct do not necessarily require an irreversible physical intervention. Islamic marital ethics provide alternative normative foundations through reciprocal obligations of chastity (Q. 24:30–31), equitable spousal treatment (Q. 4:19), and marital affection and mercy (Q. 30:21). Counseling, education, and non-coercive forms of relational support may also be considered as alternative approaches to marital well-being. These alternatives are not presumed to guarantee fidelity; rather, their relevance lies in demonstrating that the moral objective does not inherently require genital injury. The legal analysis must therefore consider whether a harmful measure is necessary or proportionate when other means of pursuing the legitimate objective remain available.

[47] Osuafor and Mturi, "Attitude towards Sexual Control among Women in Conjugal Union in the Era of the HIV/AIDS Epidemic in Mahikeng, South Africa"; Sharbafchizadeh and Sadeghi, "Sociological Analysis of Sexual Justice in Matrimonial Relationships"; Abutima and Kyei-Gyamfi, "Navigating Desire: Sexual Practices of Left-behind Spouses in Northern Ghana."

The fifth stage involves proportional assessment under *maqāṣid al-sharīʿah*. The protection of life (*ḥifẓ al-nafs*) is directly implicated where a procedure produces physical or psychological harm. The protection of lineage (*ḥifẓ al-nasl*) requires consideration of reproductive well-being, familial responsibility, and the conditions supporting legitimate family relationships. Human dignity and bodily integrity provide additional ethical considerations, although their precise doctrinal status must be articulated through the wider principles of justice and protection from injury. This evaluative orientation is consistent with contemporary Islamic ethical reasoning that treats non-harm, proportionality, public welfare, and broader moral objectives as integral considerations in determining the normative applicability of religious texts.[48] The maxim *darʾ al-mafāsid muqaddam ʿalā jalb al-maṣāliḥ*, commonly understood as prioritizing the prevention of harm over the acquisition of benefits, supplies an important consideration when competing interests cannot be simultaneously secured. This principle should not be interpreted as an automatic rule that every possible harm defeats every conceivable benefit; its application requires evaluation of the nature, seriousness, and legal status of the competing interests.

The doctrine of *sadd al-dharāʾiʿ* further contributes to this analysis by addressing measures intended to prevent conduct considered harmful or prohibited. Although the prevention of unlawful sexual relations represents a legitimate ethical concern, invoking *sadd al-dharāʾiʿ* does not remove the requirement that the proposed preventive measure itself remain legally defensible. A preventive intervention cannot be justified solely through speculation about future misconduct, particularly when it imposes foreseeable injury and the anticipated benefit lacks reliable evidence. The principle must therefore be applied consistently with the prevention of harm and the broader objectives of Islamic law. This interpretation is compatible with contemporary discussions of preventive legal reasoning within *maqāṣid*-oriented scholarship.[49]

[48] Isnayanti, Muhammad Ghifary Ramadani Mallo, and Muhammad Nabil Ardhani, "Hadith Authority in Late Modern Islamic Ethics: Reframing Transmission, Rational Deliberation, and Normative Moral Reasoning," *Dialogues in Qur'anic and Hadith Studies* 1, no. 1 (2026): 77–101

[49] A Hayatudin and M T Syaekhudin, "The Concept of Sadd Al-Dzāri'Ah from the Perspective of Asy-Syāṭibī and Al-Qarāfī Towards Minimum Marriage Age Policy in Indonesia," *Asy-Syari'ah* 27, no. 2 (2025): 193–210, https://doi.org/10.15575/as.v27i2.44813.

The sixth stage determines the appropriate legal consequence. A distinction is required between ethical indefensibility, legal prohibition (*taḥrīm*), non-obligation, and state regulatory restriction. The finding that a particular practice is not obligatory does not automatically establish that it is prohibited; similarly, a procedure classified as permissible in a historical juristic discussion cannot automatically be considered permissible under materially different conditions involving demonstrated harm. For harmful forms of FGM/C, the combination of non-therapeutic injury, the prevention-of-harm principle, and the absence of an established compensating benefit provides substantial grounds for a prohibition-oriented contemporary legal assessment. This conclusion applies to the harmful procedures under evaluation and should not be represented as proof that all historical jurists reached the same classification.

Contemporary Indonesian debates demonstrate why these distinctions matter. Fatwa MUI No. 9A of 2008 addresses female circumcision through the language of religious merit while placing limits on excessive cutting. Government Regulation No. 28 of 2024, by contrast, identifies the elimination of female circumcision practices as part of reproductive health measures for young children. These positions emerge from different institutional frameworks and should not be treated as equivalent legal instruments. The former represents an institutional religious interpretation, whereas the latter establishes a governmental regulatory framework. Their coexistence demonstrates the importance of distinguishing classical jurisprudence, contemporary fatwa reasoning, and positive law when evaluating the contemporary legal status of genital cutting.[50]

The legal significance of these findings lies in distinguishing an established legal objective from an inadequately supported intervention. Marital fidelity is recognized within Islamic moral and family law, but the reviewed evidence does not demonstrate that non-therapeutic genital cutting is an effective mechanism for securing it. At the same time, contemporary medical knowledge identifies risks that require serious consideration under the principles of preventing harm and protecting fundamental human interests. Thus, historical disagreement concerning female circumcision cannot function as a sufficient justification for

[50] Meryadinata and Najib, "The Female Genital Mutilation Regulations In Indonesia: The International Law, Human Rights, and Islamic Law Perspectives."

harmful contemporary procedures without a separate analysis of their nature, effects, and claimed benefits.

The proposed six-stage framework contributes to Islamic legal scholarship by clarifying the relationship between textual authority, empirical evidence, and normative evaluation. It does not replace the classical methods of *uṣūl al-fiqh* or presume that contemporary medical findings independently determine religious rulings. Instead, it specifies how factual evidence concerning harm and purported benefit can inform juristic reasoning. The resulting conclusion is that harmful forms of FGM/C lack a defensible justification when their asserted contribution to marital fidelity remains unsubstantiated and their consequences undermine legally protected interests. More broadly, the framework offers a structured approach for reassessing contested practices in Islamic family law without collapsing the distinctions among historical juristic classifications, contemporary ethical evaluation, and state regulation.

CONCLUSION

This study establishes three principal findings corresponding to its research questions. First, the examined Qur'anic passages do not explicitly prescribe female genital mutilation/cutting (FGM/C), while relevant hadith reports and classical jurisprudential interpretations demonstrate divergent positions concerning the normative status of female circumcision. Consequently, the practice cannot be characterized as a universally established Islamic obligation, and the distinction between scriptural prescriptions, juristic interpretations, and customary practices remains essential. Second, the justification of FGM/C as a mechanism for regulating female sexuality and preserving marital fidelity lacks sufficient empirical support. The reviewed literature does not establish a reliable causal relationship between genital cutting and marital faithfulness, despite documented risks to sexual, reproductive, and psychological health. Third, the application of *maqāṣid al-sharīʿah* demonstrates that harmful forms of FGM/C face substantial legal objections under the principles of *lā ḍarar wa lā ḍirār* and the protection of life (*ḥifẓ al-nafs*), lineage (*ḥifẓ al-nasl*), and human dignity. These findings support a prohibition-oriented legal assessment of demonstrably harmful procedures without disregarding historical differences among Islamic jurists.

Theoretically, this study contributes the concept of a *cultural-religious hybrid* to explain how customary practices acquire religious legitimacy through the interaction of local traditions, selective

interpretations, community expectations, and institutional authority. Its principal doctrinal contribution is a six-stage *maqāṣid*-based analytical framework that evaluates demonstrable harm, legally recognized benefits, evidentiary validity, less harmful alternatives, proportionality, and legal consequences. This framework clarifies that historical juristic recognition does not automatically establish the contemporary permissibility of procedures associated with significant harm, particularly when their alleged benefits remain unsubstantiated. From a policy perspective, the findings support greater coordination among religious authorities, healthcare institutions, and policymakers to develop reproductive health protections consistent with bodily integrity, human dignity, and reciprocal marital ethics. In the Indonesian context, this requires careful differentiation between religious fatwas, customary practices, and binding health regulations, alongside community-based education that addresses misconceptions concerning FGM/C and marital fidelity.

This study is limited by its documentary and integrative research design, which does not include primary fieldwork, direct clinical assessment, or a reproducible systematic review capable of establishing causal effects or estimating the prevalence of particular beliefs. Its findings should therefore be interpreted as a normative and interdisciplinary synthesis rather than a definitive empirical explanation of FGM/C practices across Muslim communities. Future research should prioritize comparative doctrinal analysis using verified primary jurisprudential texts from the four Sunni schools, empirical investigation of how religious authorities and local communities interpret female circumcision, and type-specific assessment of health consequences. Particular attention should be directed toward Indonesia, where institutional fatwas, customary expectations, and reproductive health regulations provide an important setting for examining legal pluralism. Further studies should also investigate the claimed relationship between genital cutting and marital fidelity through appropriately designed empirical research rather than inferring behavioral outcomes from sexual satisfaction or reproductive health indicators. These directions would strengthen the evidentiary foundations of Islamic legal reform while advancing context-sensitive approaches to protecting women's health, dignity, and bodily integrity.

BIBLIOGRAPHY

Abdalla, S. M., and S. Galea. "Is Female Genital Mutilation/Cutting Associated with Adverse Mental Health Consequences? A Systematic Review of the Evidence." *BMJ Global Health* 4, no. 4 (2019): e001553. https://doi.org/10.1136/bmjgh-2019-001553.

Abū Dāwūd, Sulaymān ibn al-Ashʿath. *Sunan Abī Dāwūd*. Riyadh: Dār al-Salām, 2009.

Abutima, T. K., and S. Kyei-Gyamfi. "Navigating Desire: Sexual Practices of Left-behind Spouses in Northern Ghana." *Sexualities* (2025). https://doi.org/10.1177/13634607251412119.

Ahmed, H. M., M. S. Kareem, N. P. Shabila, and B. Q. Mzori. "Religious Leaders' Position toward Female Genital Cutting and Their Perspectives on the Relationship between the Islamic Religion and This Practice." *Women's Health Issues* 59, no. 8 (2019): 854–866. https://doi.org/10.1080/03630242.2019.1584142.

al-Hajjaj, Muslim ibn. *Sahih Muslim*. Edited by Muhammad Fu'ad Abd al-Baqi. Beirut: Dar Ihya' al-Turath al-Arabi, n.d.

Al-Shatibi. *Al-Muwafaqat Fi Usul Al-Shari'ah*. Vol. 2. Beirut: Dar al-Ma'rifah, n.d.

Ali, Kecia. *Sexual Ethics and Islam: Feminist Reflections on Qur'an, Hadith, and Jurisprudence*. Oneworld Publications, 2006.

Alidost, F., M. Abbasi, S. R. Ghamsari, and M. Pakzad. "Mental Health Disorders in Circumcised Reproductive-Age Women, Legal Dimensions and Prevention Strategies: A Narrative Review." *Revista Brasileira de Ginecologia e Obstetricia* 45, no. 5 (2022): 281–288. https://doi.org/10.1055/s-0043-1770130.

Auda, Jasser. *Maqasid Al-Shariah as Philosophy of Islamic Law*. London: IIIT, 2008.

Ayenew, A. A., B. W. Mol, B. Bradford, and G. Abeje. "Prevalence of Female Genital Mutilation and Associated Factors among Women and Girls in Africa: A Systematic Review and Meta-analysis." *Systematic Reviews* 13 (2024): Article 26. https://doi.org/10.1186/s13643-023-02428-6.

Barzegar, A. "A Praxis Gap: A Review of Practitioner Research on Female Genital Cutting/Mutilation (FGC/M) in Muslim Context." *The Muslim World* 112, no. 1 (2022): 188–204. https://doi.org/10.1111/muwo.12427.

Basri, R., F. A. Ali, and R. Ameliah. "Female Circumcision in Bugis-Makassar Society of South Sulawesi: Between Cultural Symbolism and the Islamic Law." *Samarah* 8, no. 3 (2024): 1503–

1525. https://doi.org/10.22373/sjhk.v8i3.22381.

Behrendt, Alice, and Steffen Moritz. "Posttraumatic Stress Disorder and Memory Problems after Female Genital Mutilation." *American Journal of Psychiatry* 162, no. 5 (2005): 1000–1002. https://doi.org/10.1176/appi.ajp.162.5.1000.

Berg, R. C., and E. Denison. "Effectiveness of Interventions Designed to Prevent Female Genital Mutilation/Cutting: A Systematic Review." *Studies in Family Planning* 43, no. 2 (2012): 135–146. https://doi.org/10.1111/j.1728-4465.2012.00311.x.

Berg, Rigmor C., and Eva Denison. "A Tradition in Transition: Factors Perpetuating and Hindering FGM/C." *International Journal of Women's Health* 5 (2013): 409–421. https://doi.org/10.2147/IJWH.S45099.

Bonavina, G., S. L. Spinillo, A. Sotiriadis, A. Bulfoni, R. Kaltoud, S. Salvatore, M. Candiani, and P. I. Cavoretto. "Effect of Type III Female Genital Mutilation on Obstetric Outcomes: A Systematic Review and Meta-analysis." *Heliyon* 10 (2024): e29336. https://doi.org/10.1016/j.heliyon.2024.e29336.

Bowen, Glenn A. "Document Analysis as a Qualitative Research Method." *Qualitative Research Journal* 9, no. 2 (2009): 27–40.

Ekowa, J. L., A. I. Onyekwelu, and K. E. Fatai. "Physiotherapy and Rehabilitation for Survivors of Female Genital Mutilation/Cutting: A Scoping Review." *BMC Women's Health* (2026). https://doi.org/10.1186/s12905-026-04708-4.

El-Dirani, Z., L. Farouki, C. Akl, U. Ali, C. Akik, and S. J. McCall. "Factors Associated with Female Genital Mutilation: A Systematic Review and Synthesis of National, Regional and Community-Based Studies." *BMJ Sexual & Reproductive Health* 48, no. 3 (2022): 169–178. https://doi.org/10.1136/bmjsrh-2021-201399.

Fairclough, Norman. *Critical Discourse Analysis*. Routledge, 2013.

Farouki, L., Z. El-Dirani, S. Abdulrahim, C. Akl, C. Akik, and S. J. McCall. "The Global Prevalence of Female Genital Mutilation/Cutting: A Systematic Review and Meta-analysis of National, Regional, Facility, and School-Based Studies." *PLOS Medicine* 19, no. 9 (2022): e1004061. https://doi.org/10.1371/journal.pmed.1004061.

Foucault, Michel. *The History of Sexuality, Volume 1*. Pantheon Books, 1978.

Gruenbaum, Ellen. *The Female Circumcision Controversy*. University of Pennsylvania Press, 2001.

Harahap, Asrim Muda, Nosudera TTR, Ilman Sakti Siregar, and Umi Amaliyah. "Fatwa, State, and Public Morality: Islamic Legal Authority in Contemporary Governance Systems." *Islamicate Futures: Knowledge, Ethics, and Muslim Societies* 1, no. 2 (2026): 282–309. https://doi.org/10.68051/ifkems.v1i2.47.

Hayatudin, A., and M. T. Syaekhudin. "The Concept of Sadd Al-Dzāri'Ah from the Perspective of Asy-Syāṭibī and Al-Qarāfī Towards Minimum Marriage Age Policy in Indonesia." *Asy-Syari'ah* 27, no. 2 (2025): 193–210. https://doi.org/10.15575/as.v27i2.44813.

Ida, R., and M. Saud. "Female Circumcision and the Construction of Female Sexuality: A Study on Madurese in Indonesia." *Sexuality and Culture* 24, no. 6 (2020): 1987–2006. https://doi.org/10.1007/s12119-020-09732-6.

Isnayanti, Muhammad Ghifary Ramadani Mallo, and Muhammad Nabil Ardhani. "Hadith Authority in Late Modern Islamic Ethics: Reframing Transmission, Rational Deliberation, and Normative Moral Reasoning." *Dialogues in Qur'anic and Hadith Studies* 1, no. 1 (2026): 77–101.

Ithnin, N. K. M., I. Suliaman, and A. H. Ibrahim. "Re-Evaluating the Authenticity of Hadith on the Shariah Ruling of Female Circumcision in Malaysia." *AlBayan* 21, no. 2 (2023): 217–242. https://doi.org/10.1163/22321969-20230133.

Kakal, T., I. Hidayana, A. B. Kassegne, T. Gitau, M. Kok, and A. van der Kwaak. "What Makes a Woman? Understanding the Reasons for and Circumstances of Female Genital Mutilation/Cutting in Indonesia, Ethiopia and Kenya." *Culture, Health and Sexuality* 25, no. 7 (2023): 897–913. https://doi.org/10.1080/13691058.2022.2106584.

Kamali, Mohammad Hashim. *Maqasid Al-Shariah Made Simple*. London: International Institute of Islamic Thought, 2008.

Klu, D., H. T. Bah, M. L. Odame, J. Sey-Sawo, F. Kyei-Arthur, T. Senghore, and I. Yeboah. "Effect of Female Genital Mutilation (FGM) Experiences on Pregnancy Outcomes among Reproductive Aged Women in the Gambia: A Regression Analysis of the 2019–2020 Gambia Demographic and Health Survey." *Discover Public Health* 22, no. 1 (2025). https://doi.org/10.1186/s12982-025-01071-x.

Koto, Rahmayati, M. Farhan Hidayat, and Maisarah Siregar. "Gender, Authority, and Qur'anic Legal Interpretation: Reframing

Contemporary Debates on Women's Interpretive Agency." *Journal of Qur'anic Legal Studies and Exegesis* 1, no. 1 (2026): 1–20. https://doi.org/10.68051/jqlse.v1i1.8.

Krippendorff, Klaus. *Content Analysis: An Introduction to Its Methodology*. Sage Publications, 2018.

Leo, E. S. "Islamic Female Sexuality and Gender in Modern Feminist Interpretation." *Islam and Christian-Muslim Relations* 16, no. 2 (2005): 129–140. https://doi.org/10.1080/09596410500059615.

Meryadinata, G. L., and S. I. S. Najib. "The Female Genital Mutilation Regulations in Indonesia: The International Law, Human Rights, and Islamic Law Perspectives." *Uti Possidetis* 6, no. 1 (2025): 123–166. https://doi.org/10.22437/up.v6i1.40503.

Naomi, Putri, and Marhamah Annazah Tambunan. "Sanad, Matn and Meaning: Methodological Reconsideration in Modern Hadith Criticism." *TSIQAH: Journal of Hadith and Prophetic Tradition* 1, no. 1 (2026): 1–27.

Nosse, M. E., and J. Wacker. "Female Genital Mutilation." In *Global Women's Health: Gynecology and Obstetrics Under Diverse Global Conditions*, 275–290, 2024. https://doi.org/10.1007/978-3-662-69700-9_21.

Nzinga, A.-M., S. De Andrade Castanheira, J. Hermann, V. Feipel, A. J. Kipula, and J. Bertuit. "Consequences of Female Genital Mutilation on Women's Sexual Health: Systematic Review and Meta-analysis." *The Journal of Sexual Medicine* 18, no. 4 (2021): 750–760. https://doi.org/10.1016/j.jsxm.2021.01.173.

Octavia, L. "Circumcision and Muslim Women's Identity in Indonesia." *Studia Islamika* 21, no. 3 (2014): 419–457. https://doi.org/10.15408/sdi.v21i3.1217.

Okomo, U., et al. "Sexual Health Interventions for Treating Sexual Dysfunction in Women with Female Genital Mutilation: A Systematic Review." *International Journal of Gynecology & Obstetrics* 172, no. S1 (2026): 9–19. https://doi.org/10.1002/ijgo.70761.

Okusanya, B., et al. "Deinfibulation for Improving Obstetric, Neonatal, Gynecologic, and Sexual Health Outcomes in Women and Girls with Type III Female Genital Mutilation: A Systematic Review and Meta-analysis." *International Journal of Gynecology & Obstetrics* 172, no. S1 (2026): 31–47. https://doi.org/10.1002/ijgo.70759.

O'Neill, S., and C. Pallitto. "The Consequences of Female Genital

Mutilation on Psycho-Social Well-being: A Systematic Review of Qualitative Research." *Qualitative Health Research* 31, no. 9 (2021): 1738–1750. https://doi.org/10.1177/10497323211001862.

Osuafor, G. N., and A. J. Mturi. "Attitude towards Sexual Control among Women in Conjugal Union in the Era of the HIV/AIDS Epidemic in Mahikeng, South Africa." *Etude de La Population Africaine* 28, no. 1 (2014): 538–550. https://doi.org/10.11564/28-1-506.

Pallitto, C., F. Ruiz-Vallejo, V. Mochache, K. Stein, J. P. Vogel, and M. Petzold. "Exploring the Health Complications of Female Genital Mutilation through a Systematic Review and Meta-analysis." *BMC Public Health* 25 (2025): Article 1387. https://doi.org/10.1186/s12889-025-21584-z.

Pérez-López, F. R., L. Ornat, M. T. López-Baena, G. R. Pérez-Roncero, M. C. Tajada-Duaso, and P. Chedraui. "Association of Female Genital Mutilation and Female Sexual Dysfunction: A Systematic Review and Meta-analysis." *European Journal of Obstetrics & Gynecology and Reproductive Biology* 254 (2020): 236–244. https://doi.org/10.1016/j.ejogrb.2020.09.031.

Rashid, A., and Y. Iguchi. "Female Genital Cutting in Malaysia: A Mixed-Methods Study." *BMJ Open* 9 (2019): e025078. https://doi.org/10.1136/bmjopen-2018-025078.

Reman, T., V. Balligand, B. Schoefs, et al. "Psychological Consequences of Female Genital Mutilation: A Mixed-Method Systematic Review." *South African Journal of Physiotherapy* 79, no. 1 (2023): Article 1877. https://doi.org/10.4102/sajp.v79i1.1877.

Rouzi, A. A. "Facts and Controversies on Female Genital Mutilation and Islam." *European Journal of Contraception and Reproductive Health Care* 18, no. 1 (2013): 10–14. https://doi.org/10.3109/13625187.2012.749982.

Sabri, F. A., and W. Asitasari. "The Legal Contestation Surrounding Female Genital Mutilation in Islamic Boarding Schools: Perspective of Legal Pluralism and Its Impact on Women." *El-Mashlahah* 15, no. 2 (2025): 347–368. https://doi.org/10.23971/el-mashlahah.v15i2.9774.

Sadeghi, Behnam. *The Logic of Law Making in Islam: Women and Prayer in the Legal Tradition*. Cambridge: Cambridge University Press, 2013.

Seyler, H. "Sexual and Reproductive Health Consequences of Female Genital Mutilation." *Sexuologie* 16, nos. 1–2 (2009): 12–16.

Shafaati Laleh, S., F. Soltani, and A. Yıldız Karaahmet. "A Study on

Sexual Satisfaction of Circumcised Women: Findings and Challenges." *International Journal of Sexual Health* 37, no. 4 (2025): 601–611. https://doi.org/10.1080/19317611.2025.2527061.

Sharbafchizadeh, M., and S. Sadeghi. "Sociological Analysis of Sexual Justice in Matrimonial Relationships." *International Journal of Body, Mind and Culture* 8, no. 1 (2021): 10–26. https://doi.org/10.22122/ijbmc.v8i1.269.

Shell-Duncan, Bettina, and Ylva Hernlund. *Female "Circumcision" in Africa*. Lynne Rienner Publishers, 2006.

UNICEF. "Female Genital Mutilation: A Global Concern." UNICEF, 2021.

Varol, N., S. Turkmani, K. Black, J. Hall, and A. Dawson. "The Role of Men in Abandonment of Female Genital Mutilation: A Systematic Review." *BMC Public Health* 15 (2015): Article 1034. https://doi.org/10.1186/s12889-015-2373-2.

Wadud, Amina. *Qur'an and Woman: Rereading the Sacred Text from a Woman's Perspective*. New York: Oxford University Press, 1999.

Wahyudi, Ridho, and Muhammad Khairul Fikri. "Iqtibās in Islamic Rhetorical Tradition: Aesthetic Function, Argumentative Force, and Ethical Quotation of Sacred Texts." *An-Najah: Jurnal Ushuluddin dan Studi Islam* 1, no. 1 (2026): 124–140.

WHO. "Female Genital Mutilation." World Health Organization, 2020.

WHO Study Group on Female Genital Mutilation and Obstetric Outcome. "Female Genital Mutilation and Obstetric Outcome: WHO Collaborative Prospective Study in Six African Countries." *The Lancet* 367, no. 9525 (2006): 1835–1841. https://doi.org/10.1016/S0140-6736(06)68805-3.

Xu, Z., X. Chen, J. Yu, and Y. Hu. "Female Genital Mutilation/Cutting: A Systematic Review of Global Patterns, Sociocultural Drivers, and Health Consequences." *Journal of Pediatric and Adolescent Gynecology* 39, no. 2 (2026): 168–177. https://doi.org/10.1016/j.jpag.2025.09.009.



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