JURNAL AL-IJTIMAIYYAH
ISSN 2654-5217 (p); 2461-0755 (e)
Vol. 12, No. 2, July-December 2026: 389-406
DOI: http://dx.doi.org/10.22373/al-ijtimaiyyah.v12i2

TETANUS TOXOID VACCINATION AS A PREMARITAL ADMINISTRATIVE REQUIREMENT IN ISLAMIC COMMUNITY GOVERNANCE: A *MASLAHAH MURSALAH* ANALYSIS AT KUA PALENGAAN, PAMEKASAN

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Abstract

Premarital Tetanus Toxoid (TT) vaccination serves as both a public health intervention and an instrument of Islamic community governance, raising important questions about the integration of health policy with Islamic legal principles. This study examines the implementation of TT immunization as an administrative requirement for marriage registration at the Religious Affairs Office (*Kantor Urusan Agama*/KUA) of Palengaan District, Pamekasan Regency, East Java, Indonesia, through the analytical lens of *maslahah mursalah*. A descriptive qualitative field study was employed, integrating sociological and normative approaches. Primary data were collected through semi-structured interviews with nine informants — including the Head of KUA Palengaan, KUA administrative staff, healthcare workers at the Palengaan Community Health Center (*Puskesmas*), and prospective brides and grooms — complemented by direct observation and institutional documentation. Secondary data were drawn from official regulations, fiqh literature, and previous scholarly studies. The findings reveal that TT immunization is predominantly perceived by the community as an administrative formality rather than a meaningful health intervention, owing to limited public health literacy and inadequate policy socialization. From the perspective of *maslahah mursalah*, the TT vaccination policy generates significant public benefit (*maslahah*), particularly in protecting human life (*hifz al-nafs*) and preserving progeny (*hifz al-nasl*) — two of the five primary objectives of Islamic law (*maqasid al-shari'ah*). The policy is classified at the level of *hajiyyah* (secondary functional welfare), constituting a preventive jurisprudential strategy (*sadd al-dhara'i'*) against reproductive health risks for mothers and newborns. However, a gap persists between the policy's normative Islamic legal legitimacy and its practical social implementation. The study contributes to interdisciplinary scholarship on the integration of public health policy and Islamic law, and recommends enhanced

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Received: June 18, 2026; Accepted: July 31, 2026; Published: December 30, 2026

community health education, improved cross-sectoral coordination between KUA and healthcare institutions, and culturally contextualized policy communication to optimize the program's effectiveness within Muslim community settings.

Keywords: Islamic Community Governance; Maslahah Mursalah; Tetanus Toxoid Vaccination; Premarital Health Policy; Maqasid al-Shari'ah; KUA.

Abstrak

Vaksinasi Tetanus Toksoid (TT) pranikah berfungsi sekaligus sebagai intervensi kesehatan masyarakat dan instrumen tata kelola komunitas Islam, yang mengangkat pertanyaan penting tentang integrasi kebijakan kesehatan dengan prinsip-prinsip hukum Islam. Penelitian ini mengkaji implementasi imunisasi TT sebagai persyaratan administratif pendaftaran pernikahan di Kantor Urusan Agama (KUA) Kecamatan Palengaan, Kabupaten Pamekasan, Jawa Timur, Indonesia, melalui kerangka analitis maslahah mursalah. Penelitian menggunakan studi lapangan kualitatif deskriptif dengan pendekatan sosiologis dan normatif. Data primer dikumpulkan melalui wawancara semi-terstruktur dengan sembilan informan – meliputi Kepala KUA Palengaan, staf administrasi KUA, petugas kesehatan Puskesmas Palengaan, dan calon pengantin – dilengkapi dengan observasi langsung dan dokumentasi kelembagaan. Data sekunder diperoleh dari peraturan resmi, literatur fiqh, dan kajian akademik terdahulu. Hasil penelitian menunjukkan bahwa imunisasi TT lebih banyak dipahami masyarakat sebagai formalitas administratif daripada intervensi kesehatan yang bermakna, akibat terbatasnya literasi kesehatan dan sosialisasi kebijakan yang belum memadai. Dari perspektif maslahah mursalah, kebijakan vaksinasi TT mengandung kemaslahatan publik yang signifikan, khususnya dalam melindungi jiwa (hifz al-nafs) dan menjaga keturunan (hifz al-nasl) – dua dari lima tujuan utama hukum Islam (maqasid al-shari'ah). Kebijakan ini diklasifikasikan pada level hajiyyah (kesejahteraan fungsional sekunder), yang merupakan strategi yurisprudensi preventif (sadd al-dhara'i') terhadap risiko kesehatan reproduksi ibu dan bayi baru lahir. Namun, kesenjangan masih terjadi antara legitimasi hukum Islam normatif kebijakan ini dengan implementasi sosialnya di lapangan. Penelitian ini berkontribusi pada kajian interdisipliner integrasi kebijakan kesehatan masyarakat dan hukum Islam, serta merekomendasikan peningkatan edukasi kesehatan komunitas, koordinasi lintas sektor yang lebih baik antara KUA dan institusi kesehatan, dan komunikasi kebijakan yang kontekstual secara budaya untuk mengoptimalkan efektivitas program dalam lingkungan komunitas Muslim.

Kata Kunci: Tata Kelola Komunitas Islam; Maslahah Mursalah; Vaksinasi Tetanus Toksoid; Kebijakan Kesehatan Pranikah; Maqasid al-Syariah; KUA.

INTRODUCTION

The Tetanus Toxoid (TT) immunization program administered before marriage is part of a public health intervention designed to prevent neonatal tetanus in newborns.[1] Within the global framework, the World Health Organization has established TT immunization for prospective brides as a key strategy in efforts to eliminate maternal and neonatal tetanus.[2] At the national level, Indonesia implements this policy through collaboration between the Ministry of Health of the Republic of Indonesia and the Ministry of Religious Affairs (KUA), whereby TT vaccination in some regions is made part of the administrative requirements for marriage.[3] This arrangement positions TT vaccination not merely as a clinical health measure but as an instrument of Islamic community governance, in which a state religious institution (KUA) is entrusted with enforcing a public-health mandate through the marriage registration process.

Although this policy has been implemented, its implementation still faces various challenges. Rejection of the Tetanus Toxoid (TT) vaccine continues to occur within the community, generally due to concerns about ingredients such as aluminum and formalin, potential side effects, and issues related to its halal status. People worry that these substances are harmful to the body, even though the TT vaccine contains inactivated tetanus toxoid, aluminum as an adjuvant, and a very small amount of formaldehyde as a stabilizer. Based on the study by Guzman-Holst et al. (2021), the side effects of the TT vaccine are mild and temporary, such as pain at the injection site or a mild fever, and severe reactions are rare. The WHO also states that the TT vaccine is safe for use, including for pregnant women. From a religious perspective, the Indonesian Ulema Council (MUI) has issued a *fatwa* permitting the use of the TT vaccine in emergency situations to prevent outbreaks, while also encouraging the development of vaccines with more assured halal status.[4]

Field findings indicate that the implementation of premarital TT vaccination at the Religious Affairs Office (KUA) of Palengaan District has not been uniformly accepted by the community. Initial observations and interviews with KUA officials and local health staff revealed that compliance among prospective brides and grooms with this program remains suboptimal. Some individuals receive the vaccination due to administrative requirements as part of the marriage procedure, while other policies are also often interpreted as meaning that TT vaccination is merely a form of administrative compliance, without substantial understanding, because of limited information and the belief that vaccination is not part of the requirements for a marriage to be considered valid according to religious teachings. This situation indicates a mismatch between the implementation of health policy and social acceptance at the community level.[5]

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[1] World Health Organization, "Tetanus Vaccines: WHO Position Paper, February 2017–Recommendations," *Vaccine* 36, no. 25 (2018): 3573–3575, https://doi.org/10.1016/j.vaccine.2017.02.034.

[2] Poonam Khetrapal Singh, "Maternal and Neonatal Tetanus Elimination: A Step Toward Better Health of Newborns and Mothers," World Health Organization Regional Office for South-East Asia, May 29, 2016, https://www.who.int/southeastasia/news/opinion-editorials/detail/maternal-and-neonatal-tetanus-elimination-a-step-toward-better-health-of-newborns-and-mothers.

[3] Iffa Dilla, Moh. Muhibbin, and Dzulfikar Rodafi, "Preventive Health and Islamic Family Values: The Role of Tetanus Toxoid Vaccine Immunization in Promoting Sakinah Families," *Urwatul Wutsqo: Jurnal Studi Kependidikan dan Keislaman* 14, no. 3 (November 10, 2025): 20–35, https://doi.org/10.54437/urwatulwutsqo.v14i3.2575.

[4] Majelis Ulama Indonesia, *Fatwa Majelis Ulama Indonesia Nomor 4 Tahun 2016 tentang Imunisasi* (Jakarta: Majelis Ulama Indonesia, 2016).

[5] Laily Hidayati, "Tetanus Toxoid (TT) Injections as a Condition of Marriage Registration for Prospective Brides in the Maqashid Sharia Perspective," *Jurnal Pendidikan IPS* 14, no. 2 (December 28, 2024): 48–55, https://doi.org/10.37630/jpi.v14i2.1991.

The interrelationship between health aspects, social values, and religious dimensions makes this phenomenon important to examine in depth.[6] In the context of Madurese society, which is characterized by strong religious values and traditions, decisions related to health are influenced not only by medical considerations but also by religious authority and local cultural constructs. Therefore, the concept of *maslahah mursalah*, read alongside the framework of *maqasid al-shari'ah* (the higher objectives of Islamic law), is relevant as an analytical lens: *maslahah mursalah* evaluates whether the policy serves an unregulated public interest consistent with Sharia, while *maqasid al-shari'ah* situates that interest within the protection of essential values such as life (*hifz al-nafs*) and progeny (*hifz al-nasl*). In addition, this study is also important in the field of public health education, particularly in improving reproductive health literacy among prospective brides and grooms so that they can comprehensively understand the preventive benefits of TT immunization.[7]

Although many studies on premarital TT vaccination have been conducted in the field of public health, most previous research has been dominated by quantitative approaches focusing on coverage rates, program effectiveness, and factors influencing compliance. Studies that integrate the perspective of Islamic law, particularly *maslahah mursalah* (the principle of mutual benefit), and the subjective experiences of individuals such as prospective brides and grooms and officials of the Office of Religious Affairs (KUA) are still relatively limited. Moreover, existing studies rarely frame this issue through the lens of Islamic community governance — how a religious administrative institution such as KUA mediates and enforces a national health mandate at the community level — leaving open questions about institutional legitimacy and local acceptance that this study seeks to address. Furthermore, research that thoroughly examines the interaction of meanings between health policies and religious understanding at the local level remains limited. Thus, there is a research gap that requires further exploration through a descriptive qualitative approach capable of capturing experiences, perceptions, and social practices in their contextual setting.[8]

Based on the above description, this study aims to analyze the implementation of the TT vaccine as an administrative requirement for marriage registration at the KUA of Palengaan District, Pamekasan Regency, from the perspective of *maslahah mursalah* and *maqasid al-shari'ah*, situating TT vaccination within the broader framework of Islamic community governance. The main focus of this research includes the policy implementation process, the dynamics of public acceptance, and the religious considerations that influence prospective brides' and grooms' attitudes toward TT vaccination. Theoretically, this study is expected to contribute to the development of interdisciplinary studies between public health and Islamic law. Practically, the findings are expected to serve as a reference for the KUA, healthcare workers, and policymakers in formulating more adaptive, contextual, and socially and culturally appropriate strategies for implementing premarital vaccination.

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[6]Rosalina Lanasari and Zeil Rosenberg, "Tetanus Toxoid Immunization of Prospective Brides in Central Java, Indonesia," *Health Policy and Planning* 4, no. 3 (September 1989): 35–38, https://doi.org/10.1093/heapol/4.3.235.

[7]Hasmira Nia, Suarning, and Abd Faiz Karim, "Analysis of *Maslahah Mursalah* in the Implementation of Tetanus Toxoid Immunization as a Marriage Requirement (A Study in the Pitu Riase Sub-District, Sidrap Regency)," *Jurnal Marital: Kajian Hukum Keluarga Islam* 2, no. 1 (November 30, 2023): 58–75, https://doi.org/10.35905/maritalhki.v2i1.7139.

[8]Husnul Fatarib, Suci Hayati, and Agus Salim Ferliadi, "Between Legalization and Moral Hazard: A *Maslahah-Mafsadah* Analysis of Prenuptial Pregnancy Marriage (*Kawin Hamil*) in Indonesian Islamic Law," *Al-Risalah: Forum Kajian Hukum dan Sosial Kemasyarakatan* 25, no. 2 (December 27, 2025): 89–104, https://doi.org/10.30631/alrisalah.v25i2.2016.

METHOD

This study uses a descriptive-qualitative field research design with a sociological and normative approach to examine the implementation of Tetanus Toxoid (TT) immunization as a premarital administrative requirement at the Religious Affairs Office (KUA) of Palengaan District, Pamekasan Regency, and analyzes it through the perspective of *maslahah mursalah*.[9] A qualitative approach was chosen to facilitate an in-depth understanding of social phenomena and the underlying meanings of community behavior that cannot be adequately represented through numerical data. This study was conducted at the KUA of Palengaan District, Pamekasan Regency, East Java, from January to March 2025. Research participants were selected using purposive sampling, which was subsequently expanded through snowball sampling. A total of nine informants participated in the study, consisting of one Head of the KUA, two KUA staff members, two healthcare workers from the local Community Health Center (*Puskesmas*), and four prospective brides and grooms who were directly involved in or knowledgeable about the implementation of the policy.

Data were collected through semi-structured interviews, direct observation, and documentation. Interviews were conducted to obtain detailed information regarding the participants' experiences and perceptions of TT immunization as a premarital requirement, while observations focused on the implementation of the TT immunization requirement within the marriage administration process at KUA Palengaan. Documentation included official regulations, standard operating procedures, and institutional records relevant to the study. To ensure data validity, source and method triangulation as well as member checking were employed. Data were analyzed using the Miles and Huberman interactive model, which consists of data reduction, data display, and conclusion drawing.[10]

Furthermore, the concept of *maslahah mursalah* was not positioned merely as a conceptual foundation for normative analysis but was implemented as an analytical framework guiding the evaluation of the TT vaccination policy implementation. The operationalization of this concept was reflected in several analytical indicators, namely: the existence of tangible benefits (*jalb al-maslahah*), as reflected in the prevention of tetanus infection, the protection of maternal and neonatal health, and the reduction of mortality risks for mothers and newborns; the policy's ability to prevent or minimize harm (*dar' al-mafsadah*), such as the reduced incidence of neonatal tetanus, lower rates of health complications during pregnancy and childbirth, and the diminishment of reproductive health risks faced by prospective mothers; the benefits generated possessing the character of public welfare (*maslahah 'ammah*), meaning they provide collective health advantages for the Muslim community rather than being limited to specific individuals; and the benefits remaining within the framework of Islamic values and in accordance with the primary objectives of Islamic law (*maqasid al-shari'ah*), particularly the protection of life (*hifz al-nafs*) and the preservation of progeny (*hifz al-nasl*).[11]

These indicators were subsequently used as the basis for developing the semi-structured interview guide, which was designed to obtain information regarding the informants' perceptions of the health benefits, social impacts, implementation challenges, and Islamic legal relevance of the TT vaccination policy in improving community welfare.

The data collection process focused on the informants' experiences related to compliance with the TT vaccination requirement, their understanding of its health and

[9]John W. Creswell and J. David Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 5th ed. (Thousand Oaks, CA: SAGE Publications, 2017).

[10]Matthew B. Miles and A. Michael Huberman, *Qualitative Data Analysis: An Expanded Sourcebook*, 2nd ed. (Thousand Oaks, CA: SAGE Publications, 1994).

[11]Abu Ishaq al-Syatibi, *Al-Muwafaqat fi Usul al-Shari'ah*, vol. 2 (Beirut: Dar al-Kutub al-'Ilmiyah, 2003), 290.

religious significance, potential barriers encountered during policy implementation, and their assessment of the extent to which the policy generates genuine benefit for the Muslim community as a whole. Through this approach, the empirical data collected were directed from the outset toward reflecting the dimensions embodied in the concept of *maslahah mursalah* as applied to public health policy within an Islamic community governance framework.

FINDINGS AND DISCUSSION

Implementation of TT Vaccination as an Administrative Premarital Requirement at the KUA, Palengaan District

The implementation of marriage registration services at the Palengaan District Religious Affairs Office is based on Standard Operating Procedures (SOPs) formulated with reference to various statutory provisions, including **Law** Number 22 of 1946 concerning the registration of marriages, divorces, and reconciliations; Law Number 1 of 1974 concerning marriage; and Government Regulation Number 9 of 1975 as its implementing regulation. [12] In addition, there are also references to Government Regulation Number 48 of 2014 concerning the amendment to Government Regulation Number 47 of 2004 on Non-Tax State Revenue (PNBP) for Marriage Registration, the Minister of Religious Affairs Decree Number 517 of 2001 concerning the organizational structure of Subdistrict Offices of Religious Affairs (KUA), and Minister of Religious Affairs Regulation Number 11 of 2007 governing marriage registration.[13]

Administratively, members of the public who wish to register a marriage are first required to obtain introductory documents from the village or urban ward office in the form of Forms N1, N2, and N4. These documents are then submitted to the Palengaan Subdistrict Office of Religious Affairs (KUA) for verification of the completeness of the required documents by the relevant officers. If all administrative requirements have been fulfilled, the KUA will issue a referral letter for the prospective bride and groom to undergo a medical examination at a designated healthcare facility. The results of this examination must then be reported back to the KUA as an integral part of the marriage registration requirements, including the administration of the tetanus toxoid immunization.[14]

The next stage involves determining the location where the marriage will take place, namely whether it will be held within the subdistrict jurisdiction of the KUA or outside that jurisdiction. If the marriage is planned to take place within the KUA subdistrict, the prospective bride or her representative must obtain a recommendation letter to be submitted to the KUA office in the subdistrict where the marriage contract will be conducted. Next, the scheduled time for the marriage is verified, whether it is within or outside the subdistrict jurisdiction, to determine whether the available time is less than 10 working days or sufficient. If the available time is less than 10 working days, an application for a marriage dispensation letter must be submitted to the subdistrict office.

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[12]Republik Indonesia, *Undang-Undang Nomor 22 Tahun 1946 tentang Pencatatan Nikah, Talak dan Rujuk*; Republik Indonesia, *Undang-Undang Nomor 1 Tahun 1974 tentang Perkawinan*; and Presiden Republik Indonesia, *Peraturan Pemerintah Nomor 9 Tahun 1975 tentang Pelaksanaan Undang-Undang Nomor 1 Tahun 1974 tentang Perkawinan*.

[13]Presiden Republik Indonesia, *Peraturan Pemerintah Nomor 48 Tahun 2014 tentang Perubahan atas Peraturan Pemerintah Nomor 47 Tahun 2004 tentang Tarif atas Jenis Penerimaan Negara Bukan Pajak yang Berlaku pada Departemen Agama*; Menteri Agama Republik Indonesia, *Keputusan Menteri Agama Nomor 517 Tahun 2001 tentang Penataan Organisasi Kantor Urusan Agama Kecamatan*; and Menteri Agama Republik Indonesia, *Peraturan Menteri Agama Nomor 11 Tahun 2007 tentang Pencatatan Nikah*.

[14]Ririn Handayani and Yuni Handayani, "Knowledge Level of Prospective Bride and Groom about Pre Marital Check Up at Religious Affairs Office Kaliwates," *Jurnal Kesehatan Dr. Soebandi* 11, no. 2 (October 29, 2023): 87–92, https://doi.org/10.36858/jkds.v11i2.456.

On the other hand, if the available time has exceeded or is equal to 10 working days, the marriage announcement will be made at the subdistrict office. The implementation of tetanus toxoid immunization in Palengaan Subdistrict has long been carried out as one of the requirements in the marriage registration process and continues to be enforced to this day. This policy is intended as a preventive measure against tetanus, which, although relatively rare, still requires preventive efforts before any potential transmission occurs. As stated by the Head of the KUA of Palengaan District, Mohammad Haidar Bardiri, S.Ag., MEI, who served as an informant:

> *"From a temporal perspective, the implementation of tetanus toxoid immunization as one of the requirements for marriage registration has been in effect since the 1980s and continues to be applied to this day. The continuation of this policy is based on the consideration that the risk of disease can arise at any time, making consistent preventive efforts still necessary. Therefore, the KUA of Palengaan District continues to maintain this requirement as a form of protection for the well-being of prospective brides and grooms, particularly regarding their preparedness for future pregnancies. The legal basis for implementing tetanus toxoid immunization refers to the Joint Instruction of the Director General of Islamic Community Guidance and Hajj Affairs of the Ministry of Religious Affairs and the Director General of Communicable Disease Control and Environmental Health of the Ministry of Health, Number 02 of 1989, concerning Tetanus Toxoid Immunization for Prospective Brides and Grooms."*

The provisions established serve as the foundation for implementing mandatory tetanus toxoid immunization during the marriage registration process at the Office of Religious Affairs (KUA) for both prospective brides and grooms. In this regard, the immunization certificate serves as one of the supporting documents required for marriage administration at the KUA. This regulation refers to the Joint Instruction of the Director General of Islamic Community Guidance and Hajj Affairs of the Ministry of Religious Affairs and the Director General of Communicable Disease Control and Environmental Health of the Ministry of Health, Number 02 of 1989, concerning Tetanus Toxoid Immunization for prospective brides and grooms. Through this instruction, the regional offices of the Ministry of Religious Affairs and the provincial Health Offices were mandated to direct all subordinate offices to implement the guidelines and provide tetanus toxoid immunization services to prospective brides.[15]

Providing early immunization is one of the benefits of tetanus toxoid immunization, as it serves as a preventive measure against tetanus infection, protecting both the mother and the unborn child. Essentially, tetanus toxoid immunization is part of the basic immunization program, which is implemented gradually and continuously until reaching the TT5 stage, which provides long-term (lifetime) protection. Therefore, prospective brides and grooms who register their marriage are generally referred to the community health center (*Puskesmas*) for a health examination, which also includes tetanus toxoid immunization. As stated by Nihatun ST, S.Kep., who serves as the Head of Field Immunization at Gelisan Community Health Center, she explained:

> *"Tetanus toxoid (TT) immunization is one of the recommended immunizations for prospective brides and grooms, especially women of reproductive age. This immunization is administered in stages, beginning with the first dose (TT1), which provides early protection starting from the*

[15]Direktur Jenderal Bimbingan Masyarakat Islam dan Urusan Haji, Departemen Agama Republik Indonesia, dan Direktur Jenderal Pemberantasan Penyakit Menular dan Penyehatan Lingkungan Pemukiman, Departemen Kesehatan Republik Indonesia, *Instruksi Bersama Nomor 02 Tahun 1989 tentang Imunisasi Tetanus Toksoid Calon Pengantin*.

initial (zero-month) period. For prospective brides, TT immunization is recommended to be administered within two weeks to one month before marriage, allowing the body sufficient time to produce antibodies in response to the vaccine. Subsequently, the immunization series continues through the fifth dose (TT5), which is known to provide long-term (lifelong) protection for more than 25 years."

To gain a more comprehensive understanding of the schedule and level of protection provided by tetanus toxoid immunization for prospective brides and grooms, particularly women, please refer to the following table:

Table 1. Tetanus Toxoid Immunization Schedule for Women Aged Fertile.

Immunization Status	Immunization Interval	Protection Period	Dose
TT1	Visit First	-	0.5 ml
TT2	4 Weeks After TT1	3 years	0.5 ml
TT3	6 Months After TT2	5 years	0.5 ml
TT4	1 Year After TT3	10 years	0.5 ml
TT5	1 year After TT4	Over 25 Years	0.5 ml

Data Source: Head of the immunization department at Gelisan Health Center in 2025.

Based on the interviews conducted, it can be concluded that tetanus toxoid immunization remains an administrative requirement for marriage registration at the Religious Affairs Office (KUA) of Palengaan District, in accordance with the applicable regulations. This requirement remains in effect to this day because it is part of the KUA's responsibility to implement existing regulations and serves as a preventive measure against the transmission of disease.

In the context of obtaining rights, the obligation to fulfill certain requirements becomes an inseparable prerequisite, in which women also need to make efforts to protect their health before obtaining certain rights.[16] This is reinforced by the normative provisions set forth in Article 14 of Law Number 36 of 2009,[17] which states:

"The Government is responsible for planning, regulating, organizing, fostering, and supervising efforts to organize healthcare that is equitable and affordable for the public."

The healthcare efforts in question relate to the provision of reproductive health services for women. Their implementation has not yet been sufficiently adequate, as reflected in the policy of premarital health screening for prospective brides and grooms, as well as the administration of tetanus toxoid immunization for prospective brides. This policy constitutes a form of protection of women's rights, particularly the right to ensure health throughout the process of pregnancy planning, childbirth, and the health of the baby to be born.

Interpretation of the TT Vaccination Policy as a Premarital Administrative Requirement at the Palengaan District KUA

A healthy marriage can be understood as a union between two individuals, namely a man and a woman, who are united through a sacred covenant in the name of God. Within this union, both spouses commit to building a peaceful and harmonious family life.

[16]Okti Nur Hidayah, Musyafangah, and Ahmad Rezy Meidina, "Analysis of the Rights and Obligations of Husband and Wife in the Compilation of Islamic Law: A Review from the Perspective of Gender Equality," *Legitima: Jurnal Hukum Keluarga Islam* 6, no. 1 (December 30, 2023): 1–15, https://doi.org/10.33367/legitima.v6i1.4148.

[17]Republik Indonesia, *Undang-Undang Nomor 36 Tahun 2009 tentang Kesehatan*, Pasal 14.

Therefore, the selection of a life partner should be carried out carefully through a process of getting to know and examining the prospective partner's character, background, and health condition, so that harmony and concord can be maintained throughout their lifetime.[18]

Evaluating medical history, personality, and other aspects of life is an important factor that should be considered before a marriage takes place. In this context, premarital health screening plays a vital role for prospective brides and grooms. This effort is carried out to ensure reproductive health readiness so that women can experience a healthy pregnancy. One of the recommended preventive measures is the administration of the Tetanus Toxoid (TT) vaccine to women of reproductive age (WRA), as a means of preventing the high rates of maternal and neonatal mortality caused by tetanus infection. This immunization can be given to women who are about to marry or prospective brides.

Nevertheless, the formation of a family begins with the solemnization of marriage, which must fulfill the established pillars and requirements in accordance with religious law and the applicable legal provisions.[19] In Indonesia, one of the legal requirements for a valid marriage is its registration with an authorized government institution, such as the Religious Affairs Office (KUA) or the Civil Registry Office. Registration aims to obtain legal recognition, which can only be granted if all administrative requirements have been fully completed.

Referring to one of these requirements, the administrative documents that must be completed include a health information certificate issued by a healthcare facility, such as a community health center (*puskesmas*) or a doctor. In the process of issuing this certificate, it is stated that the Tetanus Toxoid immunization is one of the mandatory components that must be fulfilled, particularly for prospective brides or pregnant women. The high infant mortality rate, especially among babies under one month of age due to tetanus infection, serves as the basis for implementing this policy as a form of government protection for the public. In addition, the health of prospective brides is regulated under national legislation, namely the Minister of Health Regulation No. 21 of 2021 concerning the organization of healthcare services during the pre-pregnancy period, pregnancy, childbirth, the postpartum period, contraceptive services, and sexual health. This regulation emphasizes the importance of reproductive health preparedness as an integral part of establishing healthy and prosperous families.[20]

In applying for marriage registration at the KUA (Office of Religious Affairs), there are several requirements:

1. A marriage recommendation letter from the village or sub-district office.
2. Aphotocopy of the National Identity Card (KTP).
3. A photocopy of the Family Card (KK).
4. A photocopy of the parents' Marriage Certificate.
5. A 4 x 2 x 3 cm photograph with a blue background along with a soft copy.

Health Card. During the health examination, several related aspects need to be considered:

[18]Alifiyah Amanda, "Tinjauan Hukum Islam Mengenai Kriteria Memilih Calon Pasangan Hidup (Studi Kasus pada Mahasiswa Prodi Hukum Keluarga Islam STAI Jam'iyah Mahmudiyah Tanjung Pura)," *JSL: Journal Smart Law* 3, no. 1 (2024): 143–154.

[19]Aisyah Ayu Musyafah, "Perkawinan dalam Perspektif Filosofis Hukum Islam," *CREPIDO* 2, no. 2 (2020): 111–122, https://doi.org/10.14710/crepido.2.2.111-122.

[20]Republik Indonesia, *Peraturan Menteri Kesehatan Nomor 21 Tahun 2021 tentang Penyelenggaraan Pelayanan Kesehatan Masa Sebelum Hamil, Masa Hamil, Persalinan, dan Masa Sesudah Melahirkan, Pelayanan Kontrasepsi, dan Pelayanan Kesehatan Seksual*.

a. Physical examination;
b. TT immunization;
c. Hemoglobin (HB) test, blood type test, PP test, triple elimination screening;
d. Dental examination;
e. Premarital counseling; and
f. Nutrition counseling.

Based on the observation results, there is still a low level of understanding among prospective brides regarding the TT vaccination policy as a form of reproductive health protection for women. This perspective is dominant among KUA officers and some prospective brides with relatively higher educational backgrounds. Thus, TT vaccination is understood as a preventive measure to protect mothers and babies from the risk of tetanus infection, especially during pregnancy and childbirth, meaning that it is in line with the objectives of health policies as stated in various government regulations concerning immunization for prospective brides and grooms. The observations also show that KUA officers routinely provide explanations about the importance of reproductive health, although the depth of information delivered varies.

One informant from the KUA, Mr. Moh. Aldiansyah, S.H., stated that providing information about TT immunization has become part of the service procedure for prospective brides and grooms.

> *"Every prospective bride and groom who comes to register their marriage is informed that TT immunization is one of the administrative requirements. We also direct them to visit the community health center (puskesmas) to receive explanations and services from healthcare personnel."*

This statement shows that the role of the KUA is not limited to fulfilling administrative aspects but also includes a facilitative function in connecting prospective brides and grooms with healthcare services. The information provided from the initial registration stage serves as a means of increasing understanding of the procedures and objectives of immunization before the marriage takes place.

These findings are reinforced by a statement from KUA officer Mrs. Tania Zahra, S.Ag., who explained that there are still prospective brides and grooms who view TT immunization merely as an administrative requirement.

> *"There are still prospective brides and grooms who think of TT immunization only as an administrative requirement. Therefore, we try to explain that its main purpose is to protect the health of mothers and babies, not merely to complete the required documents."*

From the healthcare service perspective, the immunization process is understood not merely as a medical procedure but also as an educational medium to increase awareness among prospective brides and grooms about the importance of preventing tetanus. This was explained by one healthcare worker, Mrs. Diana Azzahra, S.Kep.:

> *"Before administering the immunization, we provide counseling about the function of the TT vaccine, its benefits for both mothers and babies, as well as the possibility of mild side effects. After receiving the explanation, most prospective brides and grooms are willing to undergo the immunization."*

Nevertheless, many still regard this policy as an additional administrative burden. This view is generally found among prospective brides and grooms from lower-middle

economic backgrounds or those with limited access to healthcare facilities. Additional procedures such as visiting the community health center, waiting in line, and indirect costs are perceived as obstacles in the marriage preparation process. One prospective bride, Ms. Masruroh, stated:

> *"Actually, it's quite troublesome. We have to go to the community health center first, wait in line, get the injection, and wait for the card to be issued. Meanwhile, we already have so many wedding preparations, and the costs are already quite high. This feels like adding another requirement that isn't part of our religion. Moreover, if the health center is far away, we have to take a motorcycle taxi back and forth."*

Meanwhile, Ms. Luziana said:

> *"In my opinion, the process adds another requirement that has to be taken care of. We are already busy preparing the marriage documents, so this immunization feels like an additional administrative burden."*

Some others interpret the TT vaccination policy merely as a form of administrative compliance without a deeper understanding. This pattern is often found among prospective brides and grooms who have limited access to information or lower levels of education. They tend to follow the procedures established by the Office of Religious Affairs (KUA) without understanding the underlying health objectives. Observational findings indicate that most prospective brides and grooms are unable to accurately explain the role of TT vaccination in preventing neonatal tetanus. One prospective bride, Ms. Fitri Indriani, said:

> *"I just followed the requirement so that our documents would be complete and we could get married soon. I actually don't understand what TT is. The KUA said it was mandatory, so I went to the village midwife to get the TT card. I didn't know that TT was for the baby."*

Meanwhile, Ms. Amilia Zafiroh said:

> *"I do not object to TT immunization, but my main motivation was indeed to fulfill the administrative requirements. After obtaining the proof of immunization, I felt that the matter was finished. I still don't know much about its connection to the health of mothers and babies."*

This condition indicates a policy communication gap between policymakers, implementers, and the public. Many prospective brides and grooms still undergo immunization influenced by various factors.

This phenomenon of compliance without understanding can be theoretically explained through the lens of symbolic interactionism developed by Herbert Blumer and George Herbert Mead.[21] From this perspective, human actions are not merely mechanical responses to external stimuli but are based on the meanings individuals assign to objects, situations, or actions. In the context of this study, prospective brides and grooms passively interpret the TT vaccination card merely as "an administrative requirement that must be fulfilled for the marriage to take place," rather than as "evidence of participation in efforts to protect maternal and child health, which has substantive value." As a result, after the card is submitted to the Office of Religious Affairs (KUA), awareness of the importance of TT vaccination is not internalized by the prospective brides and grooms, and the benefits

[21]Herbert Blumer, *Symbolic Interactionism: Perspective and Method* (Berkeley: University of California Press, 1986).

of vaccination for protection against neonatal tetanus in future pregnancies are not fully optimized.

A critical reflection on these findings shows that administrative success (a high level of procedural compliance) does not always reflect substantive policy success (the internalization of health values and long-term behavioral change). This gap in meaning between policymakers, implementers, and recipients represents an implementation gap that is cognitive-cultural in nature, rather than merely structural or procedural.

The Justification of *Maslahah Mursalah* in the TT Vaccination Policy at the KUA of Palengaan District

The law concerning tetanus toxoid immunization is not explicitly explained in the texts of the Qur'an and the Sunnah, nor is it found in the provisions of Islamic law during the time of the Prophet Muhammad (peace be upon him) and his companions. This condition is due to the fact that the practice of tetanus toxoid immunization was unknown during that period, considering that vaccination is a product of modern medical knowledge that continues to develop alongside advances in health technology. The absence of an explicit legal ruling in the religious texts cannot be interpreted to mean that Islamic law does not provide a progressive framework for regulating such issues. In addressing matters that are not explicitly textual but arise from changing social realities, *ijtihad* is required as a method of determining Islamic law that is adaptive to developments over time.[22]

From the perspective of *maqasid al-shari'ah*, every provision of Islamic law aims to safeguard human well-being, particularly by protecting life (*hifz al-nafs*).[23] Therefore, modern health issues such as immunization, understood through a benefit-based (*maslahah*) approach to safeguarding the sustainability of human life, often create difficulties in determining contemporary legal rulings because no detailed explanation is found in the textual sources or in *ijma'* (scholarly consensus). Consequently, an Islamic bioethical approach that integrates the characteristics of Sharia and modern medical science is required. This demonstrates that Islamic law is dynamic and responsive to the development of knowledge and the needs of modern humanity.[24]

In the context of the applicable positive law, there are regulations governing the administration of the tetanus toxoid immunization for prospective brides and grooms, which to this day serve as the legal basis for its implementation at the Office of Religious Affairs (KUA) of Palengaan District, Pamekasan Regency.[25] The terms and conditions for implementing preventive health policy based on state regulations are aligned with the principle of the protection of life in *maqasid al-shari'ah*.[26]

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[22] Mohammad Hashim Kamali, "Maqasid al-Shari'ah and Ijtihad as Instruments of Civilisational Renewal: A Methodological Perspective," *Islam and Civilisational Renewal* 2, no. 2 (2011): 245; Muhammad Solikhudin et al., "National Fiqh and Maqasid-Based Ijtihad: Reassessing Ahmad Hasyim Muzadi through Jamal al-Din 'Atiyyah," *Mawaddah: Jurnal Hukum Keluarga Islam* 3, no. 2 (n.d.): 383–405, https://doi.org/10.52496/mjhki.v3i2.38.

[23] Asyraf Wajdi Dusuki and Nurdianawati Irwani Abdullah, "Maqasid al-Shariah, Maslahah, and Corporate Social Responsibility," *American Journal of Islamic Social Sciences* 24, no. 1 (2007): 25, https://doi.org/10.1108/08288660710726829.

[24] Akmal Marhalifams, "Fiscal Policy in the Spectrum as-Shari'ah Maqashid: Study of al-Syatibi's Thinking in the Book of al-Muwafaqat," *Li Falah: Jurnal Studi Ekonomi dan Bisnis Islam* 8, no. 1 (2023): 75–85.

[25] Muhammad Solikhudin et al., "Political-Legal Strategies in Regulating Interfaith Marriage: An Analysis of Supreme Court Circular Letter in Indonesia," *Jurnal Ilmiah al-Syir'ah* 22, no. 2 (December 31, 2024): 262, https://doi.org/10.30984/jis.v22i2.3237.

[26] Edy Setyawan et al., "Legal Age for Marriage: SDGs and Maslahah Perspectives in Legal Policy Change in Indonesia," *al-Manahij: Jurnal Kajian Hukum Islam* 17, no. 2 (September 22, 2023): 183–98, https://doi.org/10.24090/mnh.v17i2.9506.

In line with the principle of obedience in Islam, Muslims are obliged to obey Allah SWT, the Messenger of Allah, and the government in various aspects of life, including public health policies such as tetanus toxoid immunization for prospective brides and grooms as part of efforts to prevent reproductive health problems.[27] The obligation related to the policy of health examinations under this premarital agreement is increasingly being implemented as an effort to protect the health of couples before entering marriage, which is a long-term phase of life requiring comprehensive preparedness.

In the context of modern public health, premarital health examinations, including tetanus toxoid immunization, are considered important even when there is no family history of disease, because these preventive measures aim to reduce the risk of illnesses that could endanger both the mother and the baby. This is in line with the concept of welfare in Islamic law, which emphasizes the achievement of the protection of life, comfort, and the comprehensive well-being of society. This condition calls for rational analysis in the formulation of legal rulings on contemporary issues arising in society, particularly in the fields of health and family.

Nevertheless, it must be acknowledged that within the corpus of fiqh, there are differing opinions regarding the legality of vaccination programs. Some scholars question the permissibility of using vaccines if their ingredients contain elements considered non-halal or have not met the standards of *halalan tayyiban*. This view is based on the principle that every product used by a Muslim should comply with the requirements of permissibility as prescribed by the Sharia. On the other hand, in contemporary Islamic legal studies, there has been a strengthening of methodology through the integration of flexible legal sources, the development of *ijtihad* based on competence, and the application of jurisprudential methods and principles as the basis for legal decision-making. This approach makes it possible to resolve new issues through methods of *ijtihad* that are adaptive to social change. There are three main elements that can address today's continually evolving regulations. First, the elasticity of the sources of Islamic law. Second, the spirit of *ijtihad* based on expertise. Third, the implementation of *ijtihad* through the methods and principles of fiqh.[28]

Among the various approaches mentioned, the concept of *maslahah mursalah* is one of the important foundations in determining legal rulings, especially on issues that are not based on specific textual evidence but promote the general welfare.[29] Thus, the proposed implementation can alleviate the concerns of Muslims regarding the legitimacy of premarital health policies through an approach based on public benefit and the protection of life. The implementation framework of *maslahah mursalah* requires the fulfillment of a number of criteria that have been formulated in studies on the principles of jurisprudence.[30]

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[27]M. Hasbi Umar, "Maslahah 'Ammah: A Comparative Study of the Concept of Maslahah 'Ammah according to Nahdlatul Ulama and Ulama Mazdhahib al-Arba'ah," *International Journal of Islamic Education, Research and Multiculturalism (IJIERM)* 5, no. 1 (2023): 65–88.

[28]Muhajir HM et al., "The Role of Religious Affairs Office (KUA) of Makassar City in Preventing Marriage Violation under the Maṣlaḥah Mursalah Principle," *Al-'Adalah* 21, no. 1 (June 25, 2024): 125, https://doi.org/10.24042/adalah.v21i1.17017.

[29]Yahdi Dinul Haq, Hafizah Muchtia, and Zia Alkausar Mukhlis, "Bid'ah in the Concept of Maslahah Mursalah and Istihsan according to Imam Asy-Syathibi," *JURIS (Jurnal Ilmiah Syariah)* 20, no. 2 (December 15, 2021): 225, https://doi.org/10.31958/juris.v20i2.3352.

[30]Muhammad Aulia Rahman, Roibin Roibin, and Nasrulloh Nasrulloh, "Dayak Ngaju Customary Fines in Pre-Marriage Agreement to Minimize Divorce in the Perspective of Maslahah Mursalah Ramadhan al-Buthi," *El-Mashlahah* 13, no. 1 (June 30, 2023): 57–75, https://doi.org/10.23971/el-mashlahah.v13i1.5623.

The main principle that must be fulfilled is welfare that is real (genuine) and universal in scope, not merely based on assumptions or unfounded allegations, but grounded in empirical evidence and rationality. Accordingly, the concept of welfare must be rationally understood as something that truly provides benefits and is capable of eliminating harm for people in terms of social life and health. Furthermore, the benefit that serves as the basis for establishing legal rulings must be consistent with the objective purposes of Islamic law (*maqashid al-shariah*), which are oriented toward protecting the fundamental interests of human beings.

In addition, it is very important to distinguish between obligations that originate from religious teachings and obligations that arise from the state's legal system in the implementation of TT immunization. From the perspective of Islamic law, participation in an immunization program is not an act of worship that is explicitly mandated by the religious texts (*nass*), but is more appropriately understood as part of *siyasah shar'iyyah*, namely government policy formulated to realize the public good. Therefore, the legitimacy of public compliance is based on the principle of obedience to *ulil amri* (those in authority), as long as the policies implemented do not contradict the provisions of Islamic law. Consequently, noncompliance with immunization policies essentially constitutes a violation of the applicable positive law, rather than being automatically categorized as a violation of Sharia.

Every form of welfare must be consistent with existing Sharia arguments, and none may contradict the texts and fundamental principles of Islamic law.[31] Furthermore, legal determination cannot be justified if it is based solely on assumptions or predictions. A speculative approach without comprehensive analysis can lead to a one-sidedly strict legal determination, as it considers only the benefits without taking into account the potential consequences that may arise. In the context of this study, *ijtihad* based on *maslahah mursalah* is used as the foundation for formulating the answer to the second research question.[32]

The administration of the tetanus toxoid immunization before marriage is also understood as part of the effort to build a healthy generation. Therefore, it falls under the category of *Hajiyyah* benefits, namely secondary functional needs that support the achievement of the primary benefits in human life.[33] When viewed from the aspect of *mafsadat* (harm), failing to administer immunization can increase the risk of potential tetanus infection, which may lead to serious complications such as respiratory system disorders, organ damage, and even death. Therefore, preventive measures are necessary as a form of protection for the five primary objectives of Islamic law (*al-dharuriyyat al-khamsah*), namely the protection of religion, life, intellect, lineage, and property.

The administration of the tetanus toxoid immunization is also regarded as a form of preventive health intervention that serves as a guarantee of safety and security for prospective brides and grooms before entering married life. From a public health perspective, premarital immunization is positioned as a preventive measure oriented toward long-term protection, particularly in maintaining the quality of reproductive health and future generations.

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[31]Elon Harvey, "The Decline of Green-Glazed Jars after the Early Abbasid Period," *Islamic Law and Society* 28, no. 4 (May 26, 2021): 415–57, https://doi.org/10.1163/15685195-bja10012.

[32]Syafik Muhammad et al., "The Impact of the Family Values Crisis on Children's Right to Education: An Islamic Legal Principles Perspective in Addressing the Challenges of the Modern Era," *El-Aqwal: Journal of Sharia and Comparative Law* 4, no. 1 (June 2, 2025): 17–34, https://doi.org/10.24090/el-aqwal.v4i1.13600.

[33]Muhammad Harfin Zuhdi and Mohamad Abdun Nasir, "Al-Mashlahah and the Reinterpretation of Islamic Law in Contemporary Context," *Samarah: Jurnal Hukum Keluarga dan Hukum Islam* 8, no. 3 (October 17, 2024): 1818, https://doi.org/10.22373/sjhk.v8i3.24918.

The primary objective of administering the tetanus toxoid immunization is not only to enhance an individual's immune system but also to prevent infection by the bacterium *Clostridium tetani*, especially in women within the reproductive system, both at the beginning of marital relations and during childbirth. Furthermore, this immunization plays an important role in protecting newborns from the risk of neonatal tetanus and reducing the likelihood of tetanus-related complications in pregnant women, thereby significantly contributing to the reduction of maternal and neonatal morbidity and mortality.

Based on the results of a conceptual analysis within Islamic law, the epistemological construction of *maslahah mursalah* does not conflict with the principles of the textual sources or *ijma'* (scholarly consensus). Instead, it functions as a mechanism of ijtihad for addressing contemporary legal issues that do not have specific textual evidence of their own. In the context of reproductive health policy, particularly the requirement of tetanus toxoid immunization as a condition for marriage, this policy can be understood as representing a form of preventive protective intervention oriented toward the preservation of life (*hifz al-nafs*) and the preservation of lineage (*hifz al-nasl*), as conceptualized within *maqashid al-shariah*.[34]

Theoretically, the policy functions not only as a medical instrument but also as a form of implementation that signifies a benefit aimed at eliminating the potential for *mafsadat* (harm) that could threaten the reproductive health of women and infants. Furthermore, the validity of welfare in this policy is determined by three main indicators: conformity with the objectives of Sharia, consistency with the arguments of the *nass* (scriptural texts), and its universal beneficial impact (*al-maslahah al-'ammah*). Thus, tetanus toxoid immunization as a prerequisite for marriage can be classified as *maslahah mursalah* at the level of *hajiyyat*, namely, functional welfare that complements primary needs in order to strengthen the protection of the continuity of human life.[35]

If welfare is neglected, there is the potential for significant harm (*mafsadat*), particularly in the form of the risk of tetanus infection, which can lead to pregnancy complications, childbirth disorders, and even the death of mothers and newborns. From a preventive perspective, this policy can also be analyzed through the approach of *sadd adz-dzari'ah*, a mechanism for blocking the means that could lead to potential harm before it occurs (preventive jurisprudence). Therefore, immunization before marriage is understood not only as a medical intervention but also as a normative strategy in Islamic law to prevent greater *mafsadat* through an anticipatory approach to the reproductive health risks faced by women.[36]

CONCLUSION

The research findings show that the implementation of Tetanus Toxoid (TT) immunization as one of the administrative requirements for marriage registration at the Office of Religious Affairs (KUA) is essentially intended to support efforts to prevent tetanus as a form of protection for the health of prospective mothers and infants. Although some informants acknowledged that TT immunization was primarily motivated by the obligation to fulfill administrative requirements, the research findings still indicate the

[34]Abu Ishaq al-Syatibi, *Al-Muwafaqat fi Usul al-Shari'ah*, vol. 2 (Beirut: Dar al-Kutub al-'Ilmiyah, 2003), 290.

[35]Nur Faizah et al., "The Role of the Indonesian Women Ulama Congress (KUPI) in the Search for Gender-Equality-Based Islamic Law," *Al-'Adalah* 21, no. 2 (December 25, 2024): 323, https://doi.org/10.24042/adalah.v21i2.23698.

[36] Durotun Nafisah et al., "Comparative Analysis of Islamic Family Law and Normative Law: Examining the Causes of Divorce in Purwokerto, Indonesia," *Samarah: Jurnal Hukum Keluarga dan Hukum Islam* 8, no. 2 (May 21, 2024): 847, https://doi.org/10.22373/sjhk.v8i2.16825.

presence of *hajiyyah* (complementary) public interest (*maslahah*). This benefit is reflected in efforts to protect human life (*hifz al-nafs*) and preserve progeny (*hifz al-nasl*), both of which constitute integral components of the primary objectives of Islamic law (*maqāṣid al-sharī'ah*).

The analysis based on the concept of *maslahah mursalah* demonstrates that Tetanus Toxoid immunization has legitimacy under Islamic law because it fulfills the element of public benefit, does not contradict the provisions of the Qur'an or the Sunnah, and provides tangible benefits that can be directly experienced by society. On this basis, the implementation of TT immunization within the framework of government health policies established to prevent greater harm may be regarded as an obligation that must be observed in the context of compliance with public policies oriented toward the common good, rather than as an independent religious obligation. This legal status is grounded in the principle of *maslahah mursalah*, the Islamic legal maxim *dar'u al-mafāsid muqaddam 'alā jalb al-maṣāliḥ*, which prioritizes the prevention of harm over the attainment of benefit, as well as the principle of obedience to *ulil amri* (legitimate authorities) insofar as the policies enacted do not conflict with the provisions of Islamic law.

This study still has several limitations, as the research site was limited to a single Office of Religious Affairs (KUA) within one subdistrict. Consequently, the findings cannot yet be broadly generalized to describe policy implementation in other regions with different social, cultural, and public service governance characteristics. In light of these limitations, future research is recommended to adopt a multisite approach by involving several KUAs across various regions, both urban and rural. In addition, the range of informants should be expanded to include healthcare professionals, religious leaders, policymakers, and prospective brides and grooms in order to obtain a more comprehensive analysis of the implementation of Tetanus Toxoid immunization from the perspectives of Islamic law, public policy, and public health.

BIBLIOGRAPHY

Al-Syatibi, Abu Ishaq. *Al-Muwafaqat fi Usul al-Shari'ah*. Vol. 2. Beirut: Dar al-Kutub al-'Ilmiyah, 2003.

Amanda, Alifiyah. "Tinjauan Hukum Islam Mengenai Kriteria Memilih Calon Pasangan Hidup (Studi Kasus pada Mahasiswa Prodi Hukum Keluarga Islam STAI Jam'iyah Mahmudiyah Tanjung Pura)." *JSL: Journal Smart Law* 3, no. 1 (2024): 143–154.

Blumer, Herbert. *Symbolic Interactionism: Perspective and Method*. Berkeley: University of California Press, 1986.

Creswell, John W., and J. David Creswell. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 5th ed. Thousand Oaks, CA: SAGE Publications, 2017.

Dilla, Iffa, Moh. Muhibbin, and Dzulfikar Rodafi. "Preventive Health and Islamic Family Values: The Role of Tetanus Toxoid Vaccine Immunization in Promoting Sakinah Families." *Urwatul Wutsqo: Jurnal Studi Kependidikan dan Keislaman* 14, no. 3 (2025): 20–35. https://doi.org/10.54437/urwatulwutsqo.v14i3.2575.

Direktorat Jenderal Bimbingan Masyarakat Islam dan Urusan Haji, Departemen Agama Republik Indonesia, and Direktorat Jenderal Pemberantasan Penyakit Menular dan Penyehatan Lingkungan Pemukiman, Departemen Kesehatan Republik Indonesia. *Instruksi Bersama Nomor 02 Tahun 1989 tentang Imunisasi Tetanus Toksoid Calon Pengantin*.

Dusuki, Asyraf Wajdi, and Nurdianawati Irwani Abdullah. "Maqasid al-Shariah, Maslahah, and Corporate Social Responsibility." *American Journal of Islamic Social Sciences* 24, no. 1 (2007): 25. https://doi.org/10.1108/08288660710726829.

Faizah, Nur, et al. "The Role of the Indonesian Women Ulama Congress (KUPI) in the Search for Gender-Equality-Based Islamic Law." *Al-'Adalah* 21, no. 2 (2024): 323. https://doi.org/10.24042/adalah.v21i2.23698.

Fatarib, Husnul, Suci Hayati, and Agus Salim Ferliadi. "Between Legalization and Moral Hazard: A *Maslahah-Mafsadah* Analysis of Prenuptial Pregnancy Marriage (*Kawin Hamil*) in Indonesian Islamic Law." *Al-Risalah: Forum Kajian Hukum dan Sosial Kemasyarakatan* 25, no. 2 (2025): 89–104. https://doi.org/10.30631/alrisalah.v25i2.2016.

Handayani, Ririn, and Yuni Handayani. "Knowledge Level of Prospective Bride and Groom about Pre Marital Check Up at Religious Affairs Office Kaliwates." *Jurnal Kesehatan Dr. Soebandi* 11, no. 2 (2023): 87–92. https://doi.org/10.36858/jkds.v11i2.456.

Haq, Yahdi Dinul, Hafizah Muchtia, and Zia Alkausar Mukhlis. "Bid'ah in the Concept of Maslahah Mursalah and Istihsan according to Imam Asy-Syathibi." *JURIS (Jurnal Ilmiah Syariah)* 20, no. 2 (2021): 225. https://doi.org/10.31958/juris.v20i2.3352.

Harvey, Elon. "The Decline of Green-Glazed Jars after the Early Abbasid Period." *Islamic Law and Society* 28, no. 4 (2021): 415–57. https://doi.org/10.1163/15685195-bja10012.

Hidayah, Okti Nur, Musyafangah, and Ahmad Rezy Meidina. "Analysis of the Rights and Obligations of Husband and Wife in the Compilation of Islamic Law: A Review from the Perspective of Gender Equality." *Legitima: Jurnal Hukum Keluarga Islam* 6, no. 1 (2023): 1–15. https://doi.org/10.33367/legitima.v6i1.4148.

Hidayati, Laily. "Tetanus Toxoid (TT) Injections as a Condition of Marriage Registration for Prospective Brides in the Maqashid Sharia Perspective." *Jurnal Pendidikan IPS* 14, no. 2 (2024): 48–55. https://doi.org/10.37630/jpi.v14i2.1991.

HM, Muhajir, et al. "The Role of Religious Affairs Office (KUA) of Makassar City in Preventing Marriage Violation under the Maṣlaḥah Mursalah Principle." *Al-'Adalah* 21, no. 1 (2024): 125. https://doi.org/10.24042/adalah.v21i1.17017.

Kamali, Mohammad Hashim. "Maqasid al-Shari'ah and Ijtihad as Instruments of Civilisational Renewal: A Methodological Perspective." *Islam and Civilisational Renewal* 2, no. 2 (2011): 245.

Khetrapal Singh, Poonam. "Maternal and Neonatal Tetanus Elimination: A Step Toward Better Health of Newborns and Mothers." World Health Organization Regional Office for South-East Asia, May 29, 2016. https://www.who.int/southeastasia/news/opinion-editorials/detail/maternal-and-neonatal-tetanus-elimination-a-step-toward-better-health-of-newborns-and-mothers.

Lanasari, Rosalina, and Zeil Rosenberg. "Tetanus Toxoid Immunization of Prospective Brides in Central Java, Indonesia." *Health Policy and Planning* 4, no. 3 (1989): 35–38. https://doi.org/10.1093/heapol/4.3.235.

Majelis Ulama Indonesia. *Fatwa Majelis Ulama Indonesia Nomor 4 Tahun 2016 tentang Imunisasi*. Jakarta: Majelis Ulama Indonesia, 2016.

Marhalifams, Akmal. "Fiscal Policy in the Spectrum as-Shari'ah Maqashid: Study of al-Syatibi's Thinking in the Book of al-Muwafaqat." *Li Falah: Jurnal Studi Ekonomi dan Bisnis Islam* 8, no. 1 (2023): 75–85.

Menteri Agama Republik Indonesia. *Keputusan Menteri Agama Nomor 517 Tahun 2001 tentang Penataan Organisasi Kantor Urusan Agama Kecamatan*.

Menteri Agama Republik Indonesia. *Peraturan Menteri Agama Nomor 11 Tahun 2007 tentang Pencatatan Nikah*.

Miles, Matthew B., and A. Michael Huberman. *Qualitative Data Analysis: An Expanded Sourcebook*. 2nd ed. Thousand Oaks, CA: SAGE Publications, 1994.

Muhammad, Syafik, et al. "The Impact of the Family Values Crisis on Children's Right to Education: An Islamic Legal Principles Perspective in Addressing the Challenges of the Modern Era." *El-Aqwal: Journal of Sharia and Comparative Law* 4, no. 1 (2025): 17–34. https://doi.org/10.24090/el-aqwal.v4i1.13600.

Musyafah, Aisyah Ayu. "Perkawinan dalam Perspektif Filosofis Hukum Islam." *CREPIDO* 2, no. 2 (2020): 111–122. https://doi.org/10.14710/crepido.2.2.111-122.

Nafisah, Durotun, et al. "Comparative Analysis of Islamic Family Law and Normative Law: Examining the Causes of Divorce in Purwokerto, Indonesia." *Samarah: Jurnal Hukum Keluarga dan Hukum Islam* 8, no. 2 (2024): 847. https://doi.org/10.22373/sjhk.v8i2.16825.

Nia, Hasmira, Suarning, and Abd Faiz Karim. "Analysis of *Maslahah Mursalah* in the Implementation of Tetanus Toxoid Immunization as a Marriage Requirement (A Study in the Pitu Riase Sub-District, Sidrap Regency)." *Jurnal Marital: Kajian Hukum Keluarga Islam* 2, no. 1 (2023): 58–75. https://doi.org/10.35905/maritalhki.v2i1.7139.

Presiden Republik Indonesia. *Peraturan Pemerintah Nomor 48 Tahun 2014 tentang Perubahan atas Peraturan Pemerintah Nomor 47 Tahun 2004 tentang Tarif atas Jenis Penerimaan Negara Bukan Pajak yang Berlaku pada Departemen Agama*.

Presiden Republik Indonesia. *Peraturan Pemerintah Nomor 9 Tahun 1975 tentang Pelaksanaan Undang-Undang Nomor 1 Tahun 1974 tentang Perkawinan*.

Rahman, Muhammad Aulia, Roibin Roibin, and Nasrulloh Nasrulloh. "Dayak Ngaju Customary Fines in Pre-Marriage Agreement to Minimize Divorce in the Perspective of Maslahah Mursalah Ramadhan al-Buthi." *El-Mashlahah* 13, no. 1 (2023): 57–75. https://doi.org/10.23971/el-mashlahah.v13i1.5623.

Republik Indonesia. *Peraturan Menteri Kesehatan Nomor 21 Tahun 2021 tentang Penyelenggaraan Pelayanan Kesehatan Masa Sebelum Hamil, Masa Hamil, Persalinan, dan Masa Sesudah Melahirkan, Pelayanan Kontrasepsi, dan Pelayanan Kesehatan Seksual*.

Republik Indonesia. *Undang-Undang Nomor 1 Tahun 1974 tentang Perkawinan*.

Republik Indonesia. *Undang-Undang Nomor 22 Tahun 1946 tentang Pencatatan Nikah, Talak dan Rujuk*.

Republik Indonesia. *Undang-Undang Nomor 36 Tahun 2009 tentang Kesehatan*.

Setyawan, Edy, et al. "Legal Age for Marriage: SDGs and Maslahah Perspectives in Legal Policy Change in Indonesia." *Al-Manahij: Jurnal Kajian Hukum Islam* 17, no. 2 (2023): 183–98. https://doi.org/10.24090/mnh.v17i2.9506.

Solikhudin, Muhammad, et al. "National Fiqh and Maqasid-Based Ijtihad: Reassessing Ahmad Hasyim Muzadi through Jamal al-Din 'Atiyyah." *Mawaddah: Jurnal Hukum Keluarga Islam* 3, no. 2 (n.d.): 383–405. https://doi.org/10.52496/mjhki.v3i2.38.

Solikhudin, Muhammad, et al. "Political-Legal Strategies in Regulating Interfaith Marriage: An Analysis of Supreme Court Circular Letter in Indonesia." *Jurnal Ilmiah al-Syir'ah* 22, no. 2 (2024): 262. https://doi.org/10.30984/jis.v22i2.3237.

Umar, M. Hasbi. "Maslahah 'Ammah: A Comparative Study of the Concept of Maslahah 'Ammah according to Nahdlatul Ulama and Ulama Mazdhahib al-Arba'ah." *International Journal of Islamic Education, Research and Multiculturalism (IJIERM)* 5, no. 1 (2023): 65–88.

World Health Organization. "Tetanus Vaccines: WHO Position Paper, February 2017—Recommendations." *Vaccine* 36, no. 25 (2018): 3573–3575. https://doi.org/10.1016/j.vaccine.2017.02.034.

Zuhdi, Muhammad Harfin, and Mohamad Abdun Nasir. "Al-Mashlahah and the Reinterpretation of Islamic Law in Contemporary Context." *Samarah: Jurnal Hukum Keluarga dan Hukum Islam* 8, no. 3 (2024): 1818. https://doi.org/10.22373/sjhk.v8i3.24918.