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Oocyte Cryopreservation for Medical and Social Purposes: An Analysis through *Sadd adz-Dzari'ah* and *Maqāṣid al-Sharīʿah*

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Abstract

This study examines the legal status and medical ethics of oocyte cryopreservation in Islamic law through the legal maxims of *sadd adz-dzari'ah* (blocking the means) and *maqāṣid al-sharīʿa* (objectives of Islamic law). As a form of assisted reproductive technology (ART), oocyte cryopreservation offers significant benefits for women with urgent medical indications such as cancer. However, social egg freezing, that is, the cryopreservation of oocytes by unmarried women for non-medical reasons, has provoked contemporary *fiqh* debate. This study employs a normative-juridical method with a qualitative-descriptive approach based on library research. The findings indicate that oocyte cryopreservation is medically neutral or *mubāḥ* (permissible). Within the framework of *sadd adz-dzari'ah*, however, it may become *ḥarām* (prohibited) if it serves as a *dharīʿa* (means) toward harm (*mafsada*), such as confusion of lineage (*khalṭ al-nasab*), the use of sperm donors, or the normalization of a secular lifestyle that rejects marriage. Its legal assessment depends on the intended use: freezing for medical indications is justified; social purposes may be tolerated only where fertilization occurs within a valid marriage using the sperm of a living husband under strict safeguards; and any use that opens the way to donors, surrogate mothers, or pregnancy outside marriage must be blocked to preserve progeny (*ḥifẓ al-nasl*). Indonesia's positive law, namely Law No. 17 of 2023 on Health and Government Regulation No. 28 of 2024, restricts assisted reproduction to married couples, but explicit regulation of social egg freezing by unmarried women is still absent, necessitating clearer regulation and *sharīʿa* bioethics oversight.

Keywords

Islamic Law; *Maqāṣid al-Sharīʿa*; *Nasab*; Oocyte Cryopreservation; *Sadd adz-Dzari'ah*

Introduction

Advances in medical science and technology have produced major innovations in reproductive health through Assisted Reproductive Technology (ART). One of the most prominent technologies to emerge over the past decade is oocyte cryopreservation (egg freezing). Initially, this technology was developed for medical purposes (medical freezing), namely to preserve the reproductive potential of women suffering from serious

illnesses such as cancer prior to undergoing radiation therapy or chemotherapy.

With shifting social dynamics, however, the use of this technology has undergone a functional shift toward social egg freezing. Many career-oriented women and urban populations have chosen to freeze their oocytes for non-medical reasons, including the postponement of marriage, a focus on education, or financial independence. This phenomenon has provoked ethical debate and deliberation within Islamic legal scholarship, as it touches upon fundamental aspects of Islamic family law: the preservation of progeny (*ḥifẓ al-nasl*) and the sanctity of the institution of marriage (*ḥifẓ al-nikāḥ*). In the framework of *uṣūl al-fiqh* (Islamic legal theory), an act that is in principle permissible (*mubāḥ*) may be restricted or prohibited if it has the potential to become a means toward transgression or corruption (*mafsada*). This preventive principle is known as *sadd adz-dzari'ah* (blocking the means).

Global data show that this practice is expanding rapidly. The United Kingdom's Human Fertilisation and Embryology Authority (HFEA) reports that egg freezing cycles in England rose from 2,567 in 2019 to 6,932 in 2023, with the largest increase among patients aged 30–37 and a mean age at freezing of approximately 35 years (Human Fertilisation and Embryology Authority [HFEA], 2025). Egg freezing nevertheless accounts for only about 7% of all treatment and storage cycles in England, and the HFEA estimates that at least 15% of freezing cycles between 2018 and 2022 were undertaken for medical reasons (HFEA, 2025).

From the medical profession's standpoint, oocyte cryopreservation has no longer been considered experimental since 2013, when the American Society for Reproductive Medicine (ASRM) stated that the procedure could be used routinely for women facing gonadotoxic therapy (Practice Committee of the American Society for Reproductive Medicine [ASRM], 2021). The ASRM Ethics Committee subsequently assessed planned oocyte cryopreservation as an ethically justifiable procedure on the grounds that it serves reproductive autonomy, while emphasizing that women must receive clear information about the uncertainties surrounding its efficacy and long-term effects (Ethics Committee of the American Society for Reproductive Medicine [ASRM], 2024).

In the Muslim world, these developments have given rise to conflicting *fatwā*s. In 2019, Dār al-Iftāʾ al-Miṣriyya (Egypt's Official Fatwa Authority) declared that oocyte cryopreservation is permissible provided four conditions are met (Alawi, 2019), whereas Malaysia, through *fatwā*s issued

in 2003, 2015, and 2022, prohibited unmarried Muslim women from freezing their oocytes before marriage (Chin & Mohamad, 2022; Chin et al., 2023). Singapore, for its part, began permitting elective egg freezing in 2023, creating a need for religious guidance among the country's Muslim minority population (Chin & Saifuddeen, 2022).

In Indonesia, oocyte cryopreservation by unmarried women gained widespread public attention in early 2022 when several public figures openly disclosed their decisions to undergo the procedure, and the service has since been offered by a number of hospitals and clinics (Awalia et al., 2024). No regulation specifically governs the practice, however, with the result that it has been subsumed under the general framework for assisted reproduction (Awalia et al., 2024; Isnaeni, 2024). Law No. 17 of 2023 on Health [Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan] affirms that assisted reproduction may only be performed for legally married couples (Government of the Republic of Indonesia, 2023). Based on the search conducted for this study, no *fatwā* from the Indonesian Council of Ulama (Majelis Ulama Indonesia, MUI) specifically addressing oocyte cryopreservation has been found, and the 1979 *fatwā* on IVF [*bayi tabung*] therefore serves as the analogical reference (Awalia et al., 2024).

This issue intersects directly with *nasab* (lineage), which in the Quran is viewed as both a divine gift and a social bond that must be safeguarded, as in the words of God in Q. al-Furqān 25:54:

وَهُوَ الَّذِي خَلَقَ مِنَ الْمَاءِ بَشَرًا فَجَعَلَهُ نَسَبًا وَصِهْرًا ۗ وَكَانَ رَبُّكَ قَدِيرًا

"And it is He who created from water a human being and made him [a being of] lineage (*nasab*) and affinity through marriage (*ṣihr*); and your Lord is ever All-Powerful."

Amid regulatory uncertainty and divergent *fatwā*s, studies that proportionally weigh the medical benefits, women's reproductive freedom, and risks to *nasab* remain limited. Earlier studies have tended to reach a single, general legal conclusion (Nur et al., 2022; Awalia et al., 2024), with few mapping distinct use scenarios and linking them to Indonesian positive law. Against this background, the present article addresses four questions: (1) what are the medical procedures and social realities of oocyte cryopreservation; (2) how do the *fatwā*s of Islamic institutions in Egypt, Malaysia, and Indonesia differ; (3) how are *sadd adz-dzari'ah* and *maqāṣid al-sharīʿa* applied to each use scenario; and (4) how do these assessments align with Indonesia's positive legal framework. This collaborative study thus aims to provide a comprehensive analysis of the legal boundaries of oocyte cryopreservation under the framework of *sadd adz-dzari'ah* and

maqāṣid al-sharīʿa, and to compare authoritative *fatwā*s across the Muslim world.

Method

This study employs a normative-juridical approach and takes the form of library research. The primary data comprise Quranic texts, Prophetic traditions (*ḥadīth*) on *nasab*, legal maxims (*qawāʿid fiqhiyya*), and *fatwā* texts, namely the official statement of Dār al-Iftā' al-Miṣriyya (Egypt), the Irsyad Hukum (Legal Guidance) of the Office of the Mufti of the Federal Territory [Jabatan Mufti Wilayah Persekutuan] (Malaysia), and the MUI *fatwā* on IVF [*bayi tabung*]. The decisions of the National Fatwa Committee Deliberation [Muzakarah Jawatankuasa Fatwa Kebangsaan] of Malaysia, whose texts could not be accessed directly, were referenced through secondary reports. Secondary data were drawn from scholarly books, indexed international journal articles (2020-2025), and Islamic bioethics literature. Data analysis followed a qualitative-descriptive method using content analysis and comparative analysis.

Data were gathered through document searches on databases and official websites, namely PubMed and PubMed Central, Google Scholar, Indonesian Islamic law and family law journal portals, and the official websites of institutions such as the HFEA, the ASRM, and Indonesia's statutory documentation network. Searches were conducted in 2026 using the keywords *egg freezing*, *oocyte cryopreservation*, *social egg freezing*, *pembekuan sel telur*, *sadd adz-dzari'ah*, *maqāṣid al-sharīʿa*, *nasab*, and *assisted reproduction*, in both Indonesian and English. Inclusion criteria encompassed documents discussing the medical, regulatory, or Islamic legal aspects of oocyte cryopreservation, particularly those published between 2020 and 2025, and traceable through a DOI or official link. Documents lacking verifiable sources, such as unreferenced opinion pieces, were excluded from the analysis.

The positive law materials analyzed consist of Law No. 17 of 2023 on Health and Government Regulation No. 28 of 2024 [Peraturan Pemerintah Nomor 28 Tahun 2024] as its implementing regulation, together with Minister of Health Regulation No. 2 of 2025 on the Implementation of Reproductive Health Services [Peraturan Menteri Kesehatan Nomor 2 Tahun 2025 tentang Penyelenggaraan Upaya Kesehatan Reproduksi], which revoked Minister of Health Regulation No. 43 of 2015 [Peraturan Menteri Kesehatan Nomor 43 Tahun 2015], a regulation still cited in some of the literature. Content analysis was carried out in four steps: (a) identifying the legal status, legal cause (*ʿilla*), and conditions in each *fatwā* or study; (b) classifying oocyte cryopreservation uses into scenarios of medical indication, social purposes within the framework of marriage, and purposes that compromise the clarity of *nasab*; (c) testing each scenario against the

three elements of *sadd adz-dzari'ah*, namely the means (*wasīla*), the connection (*iḍāʾ*), and the prohibited end (Awalia et al., 2024); and (d) weighing *maṣlaḥa* (benefit) and *mafsada* (harm) on the basis of *maqāṣid al-sharīʿa* and legal maxims (*qawāʿid fiqhiyya*) (Chin et al., 2023; Auda, 2021). Comparative analysis was conducted by juxtaposing the conditions and reasoning of Dār al-Iftāʾ (Egypt), JAKIM (Malaysia), MUI (Indonesia), and Indonesian positive law.

To ensure data validity, every figure and provision was referenced to an official source where available, and information from multiple sources was cross-checked (source triangulation). This study did not involve human respondents. Its limitations include reliance on secondary reports for certain *fatwā* texts and on clinical outcome data drawn largely from cohorts outside Indonesia.

Literature Review

Research on oocyte cryopreservation from an Islamic perspective has been addressed by several contemporary scholars. Studies by Katsani et al. (2024) and Murugesu et al. (2023) show that the majority of global egg freezing users undergo the procedure for social (non-medical) reasons. From the standpoint of Islamic law, Chin and Saifuddeen (2022) analyzed the divergence of views between *fatwā*-issuing institutions in Egypt and Malaysia. Dār al-Iftāʾ (Egypt) tends to grant conditional permission, while the Department of Islamic Development Malaysia (Jabatan Kemajuan Islam Malaysia, JAKIM) categorically prohibits the practice for unmarried women.

The medical literature indicates that the efficacy of oocyte cryopreservation depends strongly on the age at freezing and the number of mature oocytes stored. A social egg freezing cohort at Guy's Hospital, London, found that only 16% of women returned to use their oocytes, with a live birth rate of 35% per embryo transfer and better outcomes when 15 or more oocytes were frozen (Kakkar et al., 2023). Walker et al. (2022) concluded that data remain insufficient to predict live birth rates and reported relatively high rates of unused oocytes in planned cryopreservation. The ASRM guideline likewise states that the evidence is inadequate to counsel women on the probability of live birth following planned cryopreservation (Practice Committee of ASRM, 2021), while Song and Quinn (2023) reviewed the current evidence on outcomes, safety, and risks.

The social and regulatory dimensions have also been widely studied. Giannopapa et al. (2022) systematically reviewed the characteristics of women who elect oocyte cryopreservation, their sources of information, and the disposition of stored oocytes. Rimon-Zarfaty et al. (2021) compared the regulatory frameworks for "medical" and "social" egg freezing in Austria, Germany, Israel, and the Netherlands. Pérez-Hernández and De Proost

(2024) examined women's views on egg freezing, genetic relatedness, and motherhood across two countries. In the context of religious women, Inhorn et al. (2020) described highly educated women who struggled to find suitable partners and used egg freezing to extend their reproductive window while reinterpreting religious boundaries.

Islamic legal scholarship reveals a spectrum of positions. Chin and Saifuddeen (2022) highlighted the need for guidance for Singaporean Muslims in light of conflicting *fatwā*s, while Chin et al. (2023) assessed ovarian tissue freezing as an alternative potentially more compatible with the *sharīʿa*, yet one that remains controversial when performed on healthy women for social reasons, as it may conflict with conservative socio-religious norms. Nur et al. (2022) concluded that oocyte cryopreservation may be performed on the grounds of women's *maṣlaḥa* (benefit). Susilo et al. (2025), through the lens of collective *ijtihād* (collective independent legal reasoning), assessed it as permissible so long as it is carried out within the framework of a valid marriage and safeguards *ḥifẓ al-nasl* (preservation of progeny). Rizkiyana (2023) held that the permissibility of delaying pregnancy through oocyte cryopreservation is consistent with the preservation of progeny. In contrast, Awalia et al. (2024), applying the principle of *sadd adz-dzari'ah*, argued that oocyte cryopreservation by unmarried women should be foregone in the absence of medical urgency, as the *mafsada* outweighs the benefit. Isnaeni (2024) assigned the ruling of *wājib* (obligatory) for medical reasons and drew an analogy between the *nasab* status of the resulting child and that of an IVF child, while Bellyta (2024) and Sahara (2024) also examined scholarly and Islamic legal views on the practice.

The preservation of *nasab* constitutes the common thread across these studies. Bouzenita and Hussain (2021) examined the psychological and social impacts of unknown descent and the *sharīʿa*'s objective regarding *nasab* as they bear on several biomedical technologies. Putra et al. (2021) discussed the concept of *nasab* protection in Islamic law. Husni et al. (2024) studied the determination of *nasab* for children born outside marriage and the role of religious courts in Indonesia. On the methodological side, Auda (2021) demonstrated that *maqāṣid* can serve as a methodology rather than merely a catalogue of objectives, while Zuhdi and Nasir (2024) and Taufiqurohman and Fauziah (2023) affirmed the relevance of *maṣlaḥa* and *maqāṣid* to contemporary Islamic legal reform, including family law.

The research gap lies in the need for a legal synthesis that does not merely address the prohibition side (*darʾ al-mafāsid*) but also takes into account women's right to reproductive health protection within the framework of

maqāṣid al-sharī'a in a balanced manner. This study fills that gap by integrating the principle of *sadd adz-dzari'ah* proportionally.

Compared with the foregoing studies, this research differs in three respects. First, the legal assessment is conducted per use scenario rather than yielding a single, blanket ruling. Second, *sadd adz-dzari'ah* is combined with consideration of women's reproductive health interests within the *maqāṣid al-sharī'a* framework. Third, the analysis is linked directly to Law No. 17/2023 and GR No. 28/2024, producing policy implications specific to Indonesia.

Result

Medical Procedures and Social Realities

The oocyte cryopreservation procedure involves the retrieval of oocytes from a woman's ovaries following hormonal stimulation; the oocytes are then frozen by vitrification at very low temperatures. Unlike embryo freezing, oocyte cryopreservation does not require sperm at the initial retrieval stage. Medically, the technology has proven effective in preserving oocyte quality corresponding to the age at retrieval.

In Indonesia, assisted reproductive services continue to expand. The Ministry of Health reports that infertility affects 10–15% of reproductive-age couples (approximately 4 to 6 million of the 39.8 million couples), and IVF services are now available at 59 licensed hospitals across 15 provinces, with patient numbers rising from 23,000 in 2021 to 36,000 in 2024 (Ministry of Health of the Republic of Indonesia, 2026). Amid these developments, the decisions of several public figures to freeze their oocytes since early 2022 have helped popularize the practice (Awalia et al., 2024). This has given rise to social concerns about the emergence of a trend toward the deliberate postponement of marriage or aspirations to single motherhood without a valid marital bond.

Comparative Analysis of *Fatwā*s by Islamic Institutions Worldwide

Table 1. Comparison of Islamic Institutional *Fatwā*s on Oocyte Cryopreservation

Fatwā Authority / Country	Legal Status	Conditions and *Uṣūlī* Considerations
Dār al-Iftāʾ al-Miṣriyya (Egypt, 2019)	*Mubāḥ* with conditions	1) Fertilization must take place after a valid marriage. Uses the sperm of a lawfully wedded, living husband. The laboratory must ensure that cells are not mixed. The use of a surrogate mother is strictly prohibited.

JAKIM / Malaysian *Fatwā* (2003, 2015, 2022)	*Ḥarām* for unmarried women	Applies *sadd adz-dzarı'ah* comprehensively. Considers the extraction of oocytes by unmarried women a risk that opens the way to technological fornication and confusion of *nasab* (lineage).
Indonesian Council of Ulama (MUI) (*Fatwā* 1979 & Tarjih Council)	*Mubāḥ* for married couples / *Ḥarām* if violated	Fertilization of oocytes and sperm from a legally married couple is *mubāḥ*. It becomes *ḥarām* if it involves donors, surrogacy, or the sperm of a deceased husband.

Sources: Dār al-Iftāʾ al-Miṣriyya (2019), Alawi (2019), Chin and Mohamad (2022), Chin et al. (2023), Indonesian Council of Ulama (1979), and Awalia et al. (2024).

Trends and Medical Efficacy of Oocyte Cryopreservation

Data from the HFEA show that the number of egg freezing cycles in England rose from 2,567 in 2019 to 6,932 in 2023, an approximately 2.7-fold increase (HFEA, 2025). Figure 1 illustrates this upward trajectory. In 2023, the mean age of women at the time of freezing was 35 years, while the mean age at thawing for use was 40 years (HFEA, 2025). This five-year gap indicates that oocytes are generally stored for a considerable period before use, making the safety of storage and the clarity of marital status at the time of fertilization significant issues from the perspective of Islamic law.

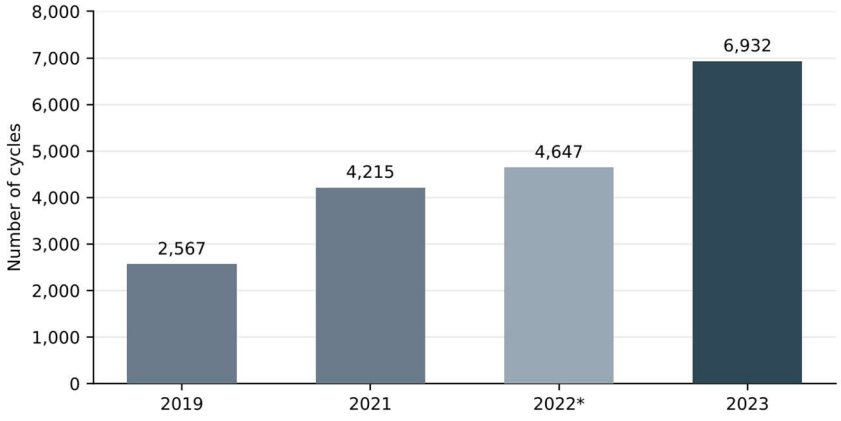


Figure 1. Number of Egg Freezing Cycles in England, 2019–2023

Source: HFEA (n.d.; 2023; 2025).

The increase in cycle numbers does not automatically translate into higher utilization. Table 2 summarizes indicators of success and utilization. Only a small proportion of women return to use their oocytes,

and the evidence for predicting live births from planned cryopreservation remains limited (Practice Committee of ASRM, 2021; Walker et al., 2022; Kakkar et al., 2023).

Table 2. Indicators of Efficacy, Utilization, and Ethical Position on Oocyte Cryopreservation

Indicator	Findings	Source
Social egg freezing cohort (Guy's Hospital, London, 2016-March 2022)	167 women and 184 cycles; mean age at freezing 37.1 years; mean 9.5 oocytes per retrieval; 16% returned to use their oocytes	Kakkar et al. (2023)
Outcomes after thawing	Oocyte survival 74%; fertilization 67%; pregnancy per embryo transfer 48%; live birth per embryo transfer 35%; better outcomes when 15 or more oocytes were frozen	Kakkar et al. (2023)
Utilization of planned cryopreservation	Non-utilization rate 58.9%; utilization in medical freezing below 10%; best outcomes at age below 37.5 years	Walker et al. (2022)
Clinical evidence per guidelines	Evidence insufficient to predict live births after planned cryopreservation; neonatal outcomes appear similar between frozen and fresh oocytes	Practice Committee of ASRM (2021)
Ethical position	Planned cryopreservation assessed as ethically justifiable on the grounds that it serves reproductive autonomy, subject to information about uncertainties and long-term effects	Ethics Committee of ASRM (2024)

Details of *Fatwā* Provisions and Institutional Positions

Beyond the summary in Table 1, the document search revealed important details of each institution's provisions. Dār al-Iftāʾ (Egypt), responding to the announcement by an Egyptian woman who froze her oocytes in 2019, set four conditions: oocytes may only be fertilized with the sperm of a husband during a subsisting marriage (not after divorce or the husband's death); oocytes must not be fertilized and implanted in another woman's womb and must not be donated; frozen oocytes must be stored securely to prevent mix-ups; and the procedure must not endanger the embryo or cause birth defects (Dār al-Iftāʾ al-Miṣriyya, 2019; Alawi, 2019).

Malaysia, by contrast, imposed a blanket prohibition on unmarried Muslim women through *fatwā*s issued in 2003, 2015, and 2022 (Chin et al., 2023). On 8 August 2022, the Office of the Mufti of the Federal Territory [Jabatan Mufti Wilayah Persekutuan], through Irsyad Hukum (Legal Guidance) Series No. 714, affirmed that extracting gametes before the marriage contract for fertilization after marriage is *ḥarām*, citing the

decisions of the National Fatwa Committee Deliberation [Muzakarah Jawatankuasa Fatwa Kebangsaan] of 1981 on sperm banks and of 2003 on gamete implantation (Jabatan Mufti Wilayah Persekutuan, 2022). The 2022 *fatwā* also raised objections beyond earlier *fatwā*s, including the argument that humans should not alter the natural design in order to facilitate pregnancy at an advanced age, and an analogy with the prohibition on sperm banks for Muslim men (Chin & Mohamad, 2022). Singapore adopted a middle course by legalizing elective egg freezing subject to age limits and the condition that oocytes may only be used after marriage (Katsani et al., 2024).

In Indonesia, the standard reference has been the MUI *Fatwā* of 13 June 1979 on IVF [*bayi tabung*]. This *fatwā* stipulated that IVF using the sperm and ova of a legally married couple is *mubāḥ*; that implanting an embryo in the womb of another wife and using the frozen sperm of a deceased husband are *ḥarām* on the grounds of *sadd adz-dzari'ah*; and that using sperm and ova not derived from a legally married couple is *ḥarām* because it is treated as equivalent to relations outside a valid marriage (Indonesian Council of Ulama, 1979). The MUI's use of *sadd adz-dzari'ah* since 1979 shows that the analytical framework of this article has precedent in national *fatwā* discourse. Because oocyte cryopreservation does not involve fertilization at the initial stage, the *fatwā* has been applied by analogy and does not yet directly address the case of unmarried women.

Indonesia's Positive Legal Framework

Table 3 summarizes the relevant positive law provisions. Article 58 of Law No. 17/2023 restricts assisted reproduction to legally married couples, with the fertilization product of the couple's sperm and ova implanted in the womb of the wife who owns the ovum (Government of the Republic of Indonesia, 2023; Nugraha, 2025). GR No. 28/2024 adds the requirements of a medical examination showing infertility and a prohibition on implanting surplus embryos in the mother's womb if the father has died or the couple has divorced, or in another woman's womb (Nugraha, 2025). Minister of Health Regulation No. 2 of 2025 [Peraturan Menteri Kesehatan Nomor 2 Tahun 2025] provides more detailed regulation: services are available only to married couples as evidenced by a marriage certificate; donation of oocytes, sperm, embryos, and surrogacy are prohibited; surplus oocytes, spermatozoa, and embryos may be frozen for a storage period of one year, extendable at the couple's request; storage ceases upon the death or divorce of either spouse; and materials whose storage period is not extended must be destroyed (Ministry of Health of the Republic of Indonesia, 2025). Accordingly, oocyte storage is already regulated insofar as it forms part of the assisted reproduction services for married couples, but no provision has

been found that explicitly regulates oocyte cryopreservation by unmarried women for social purposes, placing the practice in a legal grey area (Isnaeni, 2024; Awalia et al., 2024).

Table 3. Indonesian Positive Law Provisions Relevant to Oocyte Cryopreservation

Legal Instrument	Key Provisions	Implications for Oocyte Cryopreservation
Law No. 17/2023, Art. 58	Assisted reproduction only for legally married couples; sperm and ova from the couple implanted in the wife who owns the ovum; performed by authorized medical personnel at designated facilities	Fertilization of frozen oocytes outside a valid marriage, use of donors, and surrogacy have no legal basis
GR No. 28/2024, Art. 111	Accompanied by a medical examination showing infertility; fertilization product derived from the respective husband and wife; in accordance with scientific developments and not contrary to religious norms; sex selection prohibited except to avoid sex-linked genetic disease	Religious norms constitute a condition of service; the status of social oocyte cryopreservation is not yet explicitly regulated
GR No. 28/2024, Art. 112	Surplus embryos to be stored; implantation in the mother's womb prohibited if the father has died or the couple has divorced, or in another woman's womb; destroyed if the storage period is not extended	Consistent with the conditions of Dār al-Iftāʾ (Egypt) and the MUI *fatwā* regarding sperm of a deceased husband
Permenkes No. 2/2025, Arts. 45 and 49	Only for married couples (proven by marriage certificate); donation of oocytes, sperm, embryos, and surrogacy prohibited; surplus oocytes, sperm, and embryos may be frozen for one year, extendable at the couple's request; storage ceases upon death or divorce; materials whose storage period is not extended must be destroyed	Storage of oocytes is already regulated within assisted reproduction services for married couples; freezing by unmarried women is not covered
Oocyte cryopreservation by unmarried women for social purposes	Not found in the search conducted for this study	A subordinate regulation distinguishing medical indications from social purposes is needed

Sources: Government of the Republic of Indonesia (2023; 2024), Ministry of Health of the Republic of Indonesia (2025), Nugraha (2025), Isnaeni (2024), and the authors' analysis.

Discussion

Application of the *Sadd adz-Dzari'ah* Principle

In *uṣūl al-fiqh*, the *dharīʿa* (means) is classified according to the degree of its potential impact. *Sadd adz-Dzari'ah* aims to block intermediaries that lead to a prohibited end. The oocyte cryopreservation procedure in its essence (*li-dhātihi*) is a medically neutral act (*mubāḥ*). It has the potential, however, to become a *dharīʿa* toward three major categories of *mafsada*:

First, the mixing and obscuring of *nasab* (*khalṭ al-nasab*): if stored oocytes are fertilized with donor sperm or used by a woman without a lawful husband, the resulting child loses the clarity of *nasab* and the right of inheritance (Bouzenita & Hussain, 2021). This is consistent with the Prophet's statement that the child's lineage belongs to the owner of the marriage bed (*al-walad li-l-firāsh*) (al-Bukhārī, n.d.; Muslim ibn al-Ḥajjāj, n.d.). Second, the use of gametes outside the marital bond: the MUI treats fertilization with sperm and ova not derived from a legally married couple as equivalent to relations outside a valid marriage (Indonesian Council of Ulama, 1979). Third, the disruption of the family order: unregulated social egg freezing is feared to encourage the postponement of marriage and to conflict with conservative socio-religious norms (Chin & Saifuddeen, 2022; Chin et al., 2023).

Integration of *Maqāṣid al-Sharīʿa* and Legal Maxims

The legal assessment of egg freezing must not rest solely on the consideration of securing benefits (*jalb al-maṣāliḥ*); it must also take into account the following legal maxim (*qāʿida fiqhiyya*):

دَرْءُ الْمَفَاسِدِ مُقَدَّمٌ عَلَى جَلْبِ الْمَصَالِحِ

darʾ al-mafāsid muqaddam ʿalā jalb al-maṣāliḥ

"Averting harms takes precedence over securing benefits" (al-Suyūṭī, 1983, p. 87)

From the perspective of *maqāṣid al-sharīʿa*, oocyte cryopreservation implicates several objectives of the *sharīʿa* simultaneously, above all the preservation of progeny (*ḥifẓ al-nasl*), honor (*ḥifẓ al-ʿirḍ*), and religion (*ḥifẓ al-dīn*). The level of need differs by scenario. In the case of medical indications such as cancer or gonadotoxic therapy, cryopreservation safeguards the opportunity to have progeny that is at imminent risk of being lost, placing the need at or near the level of *ḍarūriyyāt* (necessities) or at least *ḥājiyyāt* (needs). In the case of social reasons, fertility is not yet directly threatened, and the need is more appropriately situated at the level of *ḥājiyyāt* or *taḥsīniyyāt* (refinements). Auda's (2008) systems approach calls for a multidimensional and purpose-oriented assessment, one that weighs several *maqāṣid* simultaneously rather than stopping at a

single prohibition. It is precisely this differentiation in the level of need that explains why the legal assessment in Table 4 differs for each scenario.

Analysis of the Three Elements of *Sadd adz-Dzari'ah* per Scenario

Awalia et al. (2024) set out the three elements of *sadd adz-dzari'ah*: a means (*wasīla*) that is not in itself prohibited, a connection (*iḍlā'*) between the means and the consequence, and a prohibited end. Applying these elements to oocyte cryopreservation yields different assessments for each scenario, as summarized in Table 4. In the case of medical indications, the means is *mubāḥ* and the connection to *mafsada* is very weak, while the *maṣlaḥa*, namely the preservation of the potential for progeny, is tangible; *sadd adz-dzari'ah* is therefore not applied, and the procedure may even be recommended or deemed obligatory (Isnaeni, 2024). In the scenario of social freezing within the framework of marriage, the connection to *mafsada* is possible but can be mitigated through safeguards, and the ruling therefore depends on the adequacy of those safeguards. In the scenario involving donors, surrogate mothers, or the sperm of a deceased husband, the connection to the *mafsada* of *nasab* is strong, and blocking (*sadd*) is applied in full.

Table 4. Application of the Three Elements of *Sadd adz-Dzari'ah* to Scenarios of Frozen Oocyte Use

Scenario	Means, Connection, and Prohibited End	Assessment
Medical indication (cancer therapy, premature menopause, or other gonadotoxic condition)	Means: a medically *mubāḥ* procedure. Connection to *mafsada*: weak. End: preservation of the potential for progeny (*ḥifẓ al-nasl*).	*Sadd adz-Dzari'ah* is not applied; permitted and even recommended or obligatory (Isnaeni, 2024)
Social purpose, with commitment to fertilization only after marriage using the husband's sperm	Means: *mubāḥ*. Connection: possible, through cell mix-ups, use outside marriage, or postponement of marriage. End: pregnancy within a valid marriage, with risks that can be mitigated through safeguards.	*Mubāḥ* with conditions where safeguards are met (Egypt); prohibited outright by Malaysia on the grounds that risks are deemed uncontrollable (Alawi, 2019; Chin & Mohamad, 2022)

Purpose of single motherhood, sperm donation, surrogacy, or use of a deceased husband's sperm	Means: originally *mubāḥ*. Connection: strong and direct. Prohibited end: confusion of lineage (*khalṭ al-nasab*) or pregnancy outside a valid marriage.	*Ḥarām*; *sadd* is applied in full; also inconsistent with Law No. 17/2023 and GR No. 28/2024
Ovarian tissue freezing by healthy unmarried women (social reasons)	Mature oocytes are produced only after the tissue is re-transplanted during the period of a valid marriage contract (*ʿaqd al-nikāḥ*), but the practice may encourage postponement of marriage and conflict with conservative socio-religious norms.	Potentially more compatible with the *sharīʿa*, yet remains controversial (Chin et al., 2023)

Sources: Authors' analysis based on Awalia et al. (2024), Chin et al. (2023), and the sources cited in the third column.

The difference between the Egyptian and Malaysian *fatwā*s can be understood as a difference in assessing the degree of likelihood of *mafsada* (*taḥqīq al-manāṭ*), not a disagreement about the default legal status of the procedure itself. Because oocyte cryopreservation is in its essence a medically neutral act, the starting point of the analysis is the following maxim:

الْأَصْلُ فِي الْأَشْيَاءِ الْإِبَاحَةُ

al-aṣl fī al-ashyāʾ al-ibāḥa

"The default rule for all things is permissibility, unless a prohibiting proof exists" (al-Suyūṭī, 1983, p. 60)

Within this framework, Egypt considers the risks controllable through laboratory safeguards and the marital bond, while Malaysia considers the risks uncontrollable and therefore blocks the means entirely, drawing an analogy with the prohibition on sperm banks (Alawi, 2019; Chin & Mohamad, 2022). Both positions rest on the preservation of *nasab*, but they differ in gauging whether technical safeguards are sufficient to close the gap through which *mafsada* might enter.

Mapping *Maqāṣid al-Sharīʿa* and Considerations of Women's *Maṣlaḥa*

The *maqāṣid* approach requires that a prohibition not disregard women's *maṣlaḥa*. Table 5 maps the potential *maṣlaḥa* and *mafsada* against each objective of the *sharīʿa*. On one hand, oocyte cryopreservation expands women's reproductive options. On the other, clinical evidence shows that its benefits are uncertain, given low utilization rates and the dependence of live birth rates on age and the number of oocytes stored (Kakkar et al., 2023; Walker et al., 2022). The *maṣlaḥa* of a guaranteed child is thus

conjectural, whereas the *mafsada* to *nasab* in the event of a violation is severe and difficult to reverse. These considerations support a stance of caution without closing the door on medical need.

Table 5. Mapping of *Maṣlaḥa* and *Mafsada* of Oocyte Cryopreservation according to *Maqāṣid al-Sharīʿa*

Objective of the *Sharīʿa*	Potential *Maṣlaḥa*	Potential *Mafsada* or Risk
Ḥifẓ al-nasl (preservation of progeny)	Preserves the potential for progeny for women facing the threat of infertility; fertilization only after marriage with the husband's sperm safeguards the clarity of *nasab* (Alawi, 2019)	Cell mix-ups, the use of donors or surrogates, or use outside marriage obscure *nasab* (Bouzenita & Hussain, 2021; Awalia et al., 2024)
Ḥifẓ al-nafs (preservation of life: physical and psychological health)	Preserves oocyte quality at a young age and may reduce anxiety about declining fertility	Hormonal stimulation and the retrieval procedure; risk of pregnancy at an advanced age (Katsani et al., 2024); a false sense of security, as pregnancy is not guaranteed (Awalia et al., 2024)
Ḥifẓ al-dīn (preservation of religion) and *ḥifẓ al-ʿirḍ* (preservation of honor and the marital order)	Opens an alternative within the framework of a valid marriage where conditions are met	May encourage postponement of marriage and conflict with conservative socio-religious norms (Chin & Saifuddeen, 2022; Chin et al., 2023)
Ḥifẓ al-māl (preservation of wealth)	Avoids the loss of the opportunity to have children if the oocytes are ultimately used	Low utilization rates may render the cost unrecovered (Kakkar et al., 2023; Walker et al., 2022)

Sources: Authors' analysis based on the sources cited in the second and third columns.

Sharīʿa-Compatible Alternatives and Policy Implications for Indonesia

Chin et al. (2023) proposed ovarian tissue freezing as an alternative potentially more compatible with the *sharīʿa*, on the grounds that mature oocytes are produced and fertilized with the husband's sperm only after the tissue is re-transplanted during the period of a valid marriage contract (*ʿaqd al-nikāḥ*). They acknowledged, however, that the practice remains controversial when performed on healthy women for social reasons. Awalia et al. (2024) ultimately recommended that women wishing to have children sooner should marry and avoid freezing without medical urgency. Both views demonstrate that caution is not synonymous with a total rejection of the technology, and that the upstream question of facilitating access to

marriage also deserves consideration.

This analysis also needs to address three further issues. First, changes in marital status. Dār al-Iftāʾ (Egypt) permits fertilization only while the marriage remains in force (Dār al-Iftāʾ al-Miṣriyya, 2019); the MUI declared the use of a deceased husband's frozen sperm *ḥarām* (Indonesian Council of Ulama, 1979); and Permenkes No. 2/2025 terminates storage if either spouse dies or the couple divorces (Ministry of Health of the Republic of Indonesia, 2025). The three positions are consistent, establishing that frozen oocytes may not be used once the marital bond has ended. Second, the fate of unused oocytes. In planned cryopreservation, the non-utilization rate reaches 58.9% (Walker et al., 2022), while oocyte donation is prohibited by both Dār al-Iftāʾ and Permenkes No. 2/2025. Because unfertilized oocytes have not yet become embryos, destruction after the storage period expires, as required by the regulation, represents the option with the least *mafsada* to *nasab*. Third, the storage period. A one-year storage period extendable upon request allows for periodic oversight for married couples, but does not yet provide certainty for unmarried women who may store their oocytes for years before marrying; this matter requires regulation through a subordinate regulation.

For Indonesia, three policy steps can be derived from this analysis. First, Permenkes No. 2/2025 needs to be supplemented with provisions that explicitly regulate oocyte cryopreservation outside the context of assisted reproduction services, distinguish medical indications from social purposes, and stipulate that fertilization may only be performed by legally married couples in accordance with Article 58 of Law No. 17/2023 and the provisions of GR No. 28/2024. Second, service facilities need to implement storage procedures that ensure cells are not mixed, maintain orderly identity records, and obtain written consent stating that oocytes may not be used with donors, surrogate mothers, or the sperm of a deceased husband, consistent with the conditions of Dār al-Iftāʾ (Egypt) (Alawi, 2019) and the MUI *Fatwā* of 1979 (Indonesian Council of Ulama, 1979). Third, pre-procedure counseling must honestly communicate that freezing does not guarantee a live birth and that utilization rates are low (Practice Committee of ASRM, 2021; Kakkar et al., 2023), so that women do not acquire a false sense of security. Oversight by *sharīʿa* bioethics bodies and healthcare ethics committees can complement these measures.

From a scholarly standpoint, this article contributes a tiered assessment framework based on scenarios that integrates *sadd adz-dzari'ah* and *maqāṣid al-sharīʿa* with medical data and Indonesian positive law, such that the legal determination does not end at a binary choice between permissible and prohibited. Its limitation is that the analysis is based on

library research, and most clinical data originate from cohorts outside Indonesia. Future research may involve interviews with physicians, members of *fatwā* councils, and women who use these services, as well as testing the adequacy of cell storage standards at Indonesian healthcare facilities.

These findings are both consistent with and distinct from prior studies. Like Nur et al. (2022), Rizkiyana (2023), and Susilo et al. (2025), this article accepts the permissibility of oocyte cryopreservation so long as its purpose and means do not contravene the *sharīʿa*, particularly where fertilization takes place within a valid marriage. Unlike those studies, however, which arrived at a single general ruling, this article differentiates use scenarios and shows that social purposes may be tolerated only where safeguards are in place. This article also concurs with Awalia et al. (2024) that *sadd adz-dzarı'ah* is relevant to freezing by unmarried women, but does not conclude that the practice should be foregone as a general matter, since the level of risk depends on safeguards and can be mitigated through regulation. Meanwhile, Isnaeni's (2024) assessment that freezing for medical reasons is obligatory is supported by the above analysis of the level of need, which places medical indications at the level of *ḍarūriyyāt* or *ḥājiyyāt*. The originality of this article thus lies in linking the tiered assessment to the most recent positive law provisions, including Permenkes No. 2/2025.

Conclusion

Oocyte cryopreservation is a medical breakthrough that is in principle permissible (*mubāḥ*) under Islamic law as a form of *ikhtiyār* (endeavor) to preserve fertility. To prevent unrestricted freedom from undermining the family order and the clarity of *nasab*, however, the principle of *sadd adz-dzarı'ah* must be applied proportionally according to the level of risk. Government regulation and *sharīʿa* bioethics oversight must be in place to ensure that this reproductive technology is used only within a legitimate medical corridor and within the framework of a valid marriage, in pursuit of the sacred objectives of *maqāṣid al-sharīʿa*. This study also finds that the most appropriate legal assessment is one based on the purpose of use and the adequacy of safeguards: medical indications are justified and even recommended; social purposes within the framework of a valid marriage may be tolerated only with strict safeguards; whereas any use that opens the way to donors, surrogate mothers, or pregnancy outside marriage must be blocked. The divergence among institutional *fatwā*s reflects differences in assessing the magnitude of the likelihood of *mafsada*, not differences regarding the permissibility of the procedure itself. For Indonesia, clear subordinate regulation, storage standards, and honest counseling are urgently needed so that women's *maṣlaḥa* and the clarity of *nasab* can be safeguarded in a balanced manner.

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References

Alawi, S. (2019, September 23). Egg freezing permissible in Islam, according to Egypt's Dar Al-Ifta. *Bill of Health*, Petrie-Flom Center, Harvard Law School. https://petrieflom.law.harvard.edu/2019/09/23/egg-freezing-permissible-in-islam-according-to-egypts-dar-al-ifta/

Auda, J. (2008). *Maqasid al-Shariah as philosophy of Islamic law: A systems approach*. International Institute of Islamic Thought.

Auda, J. (2021). Maqasid methodology for re-envisioning Islamic higher education. *Journal of Contemporary Maqasid Studies*, *1*(1), 31–58. https://doi.org/10.52100/jcms.v1i1.58

Awalia, F. T. M., Arif, A., & Lutfiah, A. (2024). Freezing of single woman's egg cells according to Sadd al-Dzari'ah analysis. *Al Manhaj: Jurnal Hukum dan Pranata Sosial Islam*, *6*(2), 483–494. https://doi.org/10.37680/almanhaj.v6i2.5861

Bellyta, E. P. (2024). *Egg freezing dalam pandangan ulama Bahtsul Masail dan Majelis Tarjih perspektif maqasidu al-syariah Jasser Auda* [Egg freezing in the views of Bahtsul Masail and Tarjih Council scholars from Jasser Auda's *maqāṣid al-sharīʿa* perspective] [Master's thesis, Universitas Islam Negeri Maulana Malik Ibrahim Malang]. http://etheses.uin-malang.ac.id/61826/

Bouzenita, A. I., & Hussain, F. A. (2021). Psychological and societal impacts of unknown descent and the Islamic objective of nasab: A preliminary study of chosen biomedical technologies. *IIUM Medical Journal Malaysia*, *20*(1), 171–186. https://doi.org/10.31436/imjm.v20i1.1767

al-Bukhārī, M. I. (n.d.). *Ṣaḥīḥ al-Bukhārī* (Kitāb al-Farāʾiḍ, no. 6749). Sunnah.com. https://sunnah.com/bukhari:6749

Chin, A. H. B., & Mohamad, C. A. C. (2022). New fatwa in Malaysia bans social egg freezing for single Muslim women. *BioNews*. https://www.progress.org.uk/new-fatwa-in-malaysia-bans-social-egg-freezing-for-single-muslim-women/

Chin, A. H. B., Muhsin, S. M., & Ahmad, M. F. (2023). Islamic perspectives on elective ovarian tissue freezing by single women for non-medical or social reasons. *Asian Bioethics Review*, *15*(3), 335–349. https://doi.org/10.1007/s41649-022-00236-z

Chin, A. H. B., & Saifuddeen, S. M. (2022). Is social egg freezing (oocyte cryopreservation) for single women permissible in Islam? A perspective from Singapore. *The New Bioethics*, *28*(2), 116–126. https://doi.org/10.1080/20502877.2022.2063576

Dār al-Iftāʾ al-Miṣriyya. (2019, September 4). *Dār al-Iftāʾ: ʿAmaliyyat*

tajmīd al-buwayḍāt bi-l-ḍawābiṭ al-sharʿiyya laysa fīhā maḥẓūr [Dār al-Iftāʾ: Oocyte cryopreservation with *sharīʿa* safeguards is not prohibited]. https://www.dar-alifta.org/ar/Articles/Details/6683

Ethics Committee of the American Society for Reproductive Medicine. (2024). Planned oocyte cryopreservation to preserve future reproductive potential: An Ethics Committee opinion. *Fertility and Sterility*, *121*(4), 604–612. https://doi.org/10.1016/j.fertnstert.2023.12.030

Giannopapa, M., Sakellaridi, A., Pana, A., & Velonaki, V. S. (2022). Women electing oocyte cryopreservation: Characteristics, information sources, and oocyte disposition: A systematic review. *Journal of Midwifery & Women's Health*, *67*(2), 178–201. https://doi.org/10.1111/jmwh.13332

Human Fertilisation and Embryology Authority. (n.d.). Key facts and statistics. https://www.hfea.gov.uk/about-us/media-centre/key-facts-and-statistics

Human Fertilisation and Embryology Authority. (2023). Latest fertility data paints promising picture but pandemic aftershocks may continue to be felt, says UK regulator. https://www.hfea.gov.uk/about-us/news-and-press-releases/2023-news-and-press-releases/latest-fertility-data-paints-promising-picture-but-pandemic-aftershocks-may-continue-to-be-felt-says-uk-regulator/

Human Fertilisation and Embryology Authority. (2025, July 31). Egg freezing: A factsheet. https://www.hfea.gov.uk/about-us/media-centre/egg-freezing-a-factsheet/

Husni, S., Syahriani, F., Husni, A., Wahid, A., & Ngardi, V. (2024). Determination of nasab of children outside of marriage in the Islamic legal system: The role and decisions of religious courts in Indonesia. *Hakamain: Journal of Sharia and Law Studies*, *3*(1), 26–36. https://doi.org/10.57255/hakamain.v3i1.332

Inhorn, M. C., Birenbaum-Carmeli, D., Vale, M. D., & Patrizio, P. (2020). Abrahamic traditions and egg freezing: Religious women's experiences in local moral worlds. *Social Science & Medicine*, *253*, Article 112976. https://doi.org/10.1016/j.socscimed.2020.112976

Isnaeni, D. A. (2024). *Hukum pembekuan sel telur wanita (egg freezing/oocyte cryopreservation) dalam perspektif hukum Islam dan hukum positif* [The law of oocyte cryopreservation (egg freezing) from the perspectives of Islamic law and positive law] [Undergraduate thesis, Universitas Islam Negeri Syarif Hidayatullah Jakarta]. https://repository.uinjkt.ac.id/dspace/handle/123456789/78555

Jabatan Mufti Wilayah Persekutuan. (2022, August 8). *Irsyad hukum siri ke-714: Hukum bekukan ovum kerana lambat nikah* [Legal guidance series no. 714: The ruling on freezing ova due to delayed marriage]. https://muftiwp.gov.my/artikel/irsyad-fatwa/irsyad-fatwa-umum/5380-irsyad-al-fatwa-siri-ke-714-hukum-membekukan-ovum-

kerana-lambat-nikah

Kakkar, P., Geary, J., Stockburger, T., Kaffel, A., Kopeika, J., & El-Toukhy, T. (2023). Outcomes of social egg freezing: A cohort study and a comprehensive literature review. *Journal of Clinical Medicine*, *12*(13), 4182. https://doi.org/10.3390/jcm12134182

Katsani, D., Paraschou, N., Panagouli, E., Tsarna, E., Sergentanis, T. N., Vlahos, N., & Tsitsika, A. (2024). Social egg freezing: A trend or modern reality? *Journal of Clinical Medicine*, *13*(2), Article 390. https://doi.org/10.3390/jcm13020390

Ministry of Health of the Republic of Indonesia. (2025). *Peraturan Menteri Kesehatan Nomor 2 Tahun 2025 tentang Penyelenggaraan Upaya Kesehatan Reproduksi* [Minister of Health Regulation No. 2 of 2025 on the Implementation of Reproductive Health Services]. https://jdih.kemkes.go.id/documents/peraturan-menteri-kesehatan-nomor-2-tahun-2025

Ministry of Health of the Republic of Indonesia. (2026, May 26). *Wamenkes Dante dorong layanan fertilitas yang canggih dan humanis* [Deputy Health Minister Dante promotes advanced and humane fertility services]. https://kemkes.go.id/id/wamenkes-dante-dorong-layanan-fertilitas-yang-canggih-dan-humanis-

Indonesian Council of Ulama. (1979). *Bayi tabung/inseminasi buatan* [In vitro fertilization/artificial insemination] [*Fatwā*]. https://fatwamui.com/storage/341/05.-Bayi-tabung-imseminasi-Buatan.pdf

Murugesu, S., Charalambides, M. M., Jones, B. P., Saso, S., Faris, R., Parikh, J., Nicopoullos, J., Thum, M.-Y., & Bracewell-Milnes, T. (2023). Social egg freezing: Motivations, treatment experiences and the impact of Covid-19: A single-center experience. *Acta Obstetricia et Gynecologica Scandinavica*, *102*(6), 760–773. https://doi.org/10.1111/aogs.14565

Muslim ibn al-Ḥajjāj. (n.d.). *Ṣaḥīḥ Muslim* (Kitāb al-Raḍāʿ, no. 1457a). Sunnah.com. https://sunnah.com/muslim:1457a

Nugraha, M. R. (2025, February 3). *Sahkah donor sperma di Indonesia?* [Is sperm donation legal in Indonesia?]. *Hukumonline*. https://www.hukumonline.com/klinik/a/sahkah-donor-sperma-di-indonesia-lt62aad2cc18f9d/

Nur, I., Laelatul'zah, U. N., & Marpuah, S. (2022). Reproductive fiqh: The phenomenon of egg freezing among Muslim societies. *KARSA Journal of Social and Islamic Culture*, *30*(2), 298–327. https://doi.org/10.19105/karsa.v30i2.8626

Government of the Republic of Indonesia. (2023). *Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan* [Law No. 17 of 2023 on Health]. https://farmalkes.kemkes.go.id/en/unduh/uu-17-2023/

Government of the Republic of Indonesia. (2024). *Peraturan Pemerintah*

Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan [Government Regulation No. 28 of 2024 on the Implementing Regulation of Law No. 17 of 2023 on Health]. https://jdih.kemnaker.go.id/peraturan/detail/2536/peraturan-pemerintah-nomor-28-tahun-2024

Pérez-Hernández, Y., & De Proost, M. (2024). Egg freezing, genetic relatedness, and motherhood: A binational empirical bioethical investigation of women's views. *Bioethics*, *38*(7), 592–599. https://doi.org/10.1111/bioe.13163

Practice Committee of the American Society for Reproductive Medicine. (2021). Evidence-based outcomes after oocyte cryopreservation for donor oocyte in vitro fertilization and planned oocyte cryopreservation: A guideline. *Fertility and Sterility*, *116*(1), 36–47. https://doi.org/10.1016/j.fertnstert.2021.02.024

Putra, R. A., Dalimunthe, R. P., & Gani, R. A. (2021). Konsep perlindungan nasab dalam perspektif hukum Islam [The concept of *nasab* protection from the perspective of Islamic law]. *Mutawasith: Jurnal Hukum Islam*, *4*(1), 32–41. https://doi.org/10.47971/mjhi.v4i1.304

Rimon-Zarfaty, N., Kostenzer, J., Sismuth, L. K., & de Bont, A. (2021). Between "medical" and "social" egg freezing: A comparative analysis of regulatory frameworks in Austria, Germany, Israel, and the Netherlands. *Journal of Bioethical Inquiry*, *18*(4), 683–699. https://doi.org/10.1007/s11673-021-10133-z

Rizkiyana, F. S. (2023). Tinjauan maqashid syariah tentang pembekuan sel telur manusia (egg freezing) [A *maqāṣid al-sharīʿa* analysis of human oocyte cryopreservation (egg freezing)]. *Jurnal Riset Hukum Keluarga Islam*, *3*(1), 29–34. https://journals.unisba.ac.id/index.php/JRHKI/article/view/1938

Sahara, H. (2024). *Tinjauan Hukum Islam terhadap Pembekuan Sel Telur (Egg Freezing) pada Wanita* [An Islamic law analysis of oocyte cryopreservation (egg freezing) for women].

Song, B. B., & Quinn, M. M. (2023). Planned oocyte cryopreservation: A review of current evidence on outcomes, safety and risks. *Obstetrics and Gynecology Clinics of North America*, *50*(4), 707–719. https://doi.org/10.1016/j.ogc.2023.08.005

Susilo, E., Santoso, B., & Ambarwati, Y. E. (2025). Transformation of contemporary fiqh through a collective ijtihad approach in resolving lineage issues arising from egg freezing. *MILRev: Metro Islamic Law Review*, *4*(2), 728–760. https://doi.org/10.32332/milrev.v4i2.10403

al-Suyūṭī, J. (1983). *Al-Ashbāh wa-l-naẓāʾir fī qawāʿid wa furūʿ fiqh al-Shāfiʿiyya* [Similitudes and parallels in the maxims and applied cases of Shāfiʿī jurisprudence] (1st ed.). Dār al-Kutub al-ʿIlmiyya.

Taufiqurohman, & Fauziah, N. (2023). The evaluation of maqasid asy-

syari'ah on discourses of the Islamic family law. *El-Usrah: Jurnal Hukum Keluarga*, *6*(1), 81–90. https://doi.org/10.22373/ujhk.v6i1.13035

Walker, Z., Lanes, A., & Ginsburg, E. (2022). Oocyte cryopreservation review: Outcomes of medical oocyte cryopreservation and planned oocyte cryopreservation. *Reproductive Biology and Endocrinology*, *20*, Article 10. https://doi.org/10.1186/s12958-021-00884-0

Zuhdi, M. H., & Nasir, M. A. (2024). Al-Mashlahah and reinterpretation of Islamic law in contemporary context. *Samarah: Jurnal Hukum Keluarga dan Hukum Islam*, *8*(3), 1818–1839. https://doi.org/10.22373/sjhk.v8i3.24918