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Childfree among Indonesian Muslims in the Contemporary Era: A Biopsychosocial Analysis within al-Shāṭibī's *Maṣlaḥah–Mafsadah* Framework

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Abstract: The growing visibility of the childfree movement has generated significant debate within Indonesian Muslim society, where reproductive choices remain closely intertwined with religious values, cultural expectations, and gender norms. This study aims to examine how Indonesian Muslim women construct and negotiate the decision to remain childfree in contemporary socio-cultural and religious contexts while exploring the ethical implications of this choice from an Islamic perspective. Employing an interpretive qualitative design with a phenomenological approach, the research involved semi-structured in-depth interviews with seven Indonesian Muslim women from diverse provincial backgrounds, including married and unmarried participants, complemented by interviews with five additional informants representing broader societal perspectives. Non-participant observation and an extensive review of relevant literature were used to strengthen data interpretation through thematic analysis. The findings demonstrate that the dynamic interaction of biological, psychological, and social dimensions shapes the decision to remain childfree. Biological factors include reproductive health conditions such as Polycystic Ovary Syndrome (PCOS) and severe dysmenorrhea, while psychological factors encompass trauma, emotional instability, and concerns regarding parenting readiness. Social influences involve economic uncertainty, environmental awareness, career aspirations, patriarchal cultural expectations, and diverse religious interpretations. The study further reveals that societal responses remain deeply polarized, ranging from stigmatization based on pronatalist and patriarchal norms to growing recognition of women's reproductive autonomy within contemporary Islamic discourse. The originality of this research lies in integrating the Biopsychosocial framework with al-Shāṭibī's *Maṣlaḥah–Mafsadah* paradigm, enabling a multidimensional analysis that places women's lived bodily experiences at the center while reconciling contemporary social realities with Islamic ethical reasoning. This integrative framework contributes to the development

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of contemporary Islamic legal and gender scholarship by providing a contextual and ethically grounded understanding of reproductive decision-making among Muslim women in Indonesia.

Keywords: Biopsychosocial Theory; Childfree; Indonesian Muslim Women; *Maṣlaḥah–Mafsadah*; Reproductive Autonomy.

INTRODUCTION

Becoming a parent and raising children is frequently perceived as a duty and responsibility that individuals are obligated to fulfil.[1] Although having children is often regarded as significant in Indonesian society, a novel phenomenon has emerged that challenges this traditional perspective: the choice to remain childfree[2]. This term refers to individuals or couples who deliberately choose not to have children.[3] This includes individuals who are deferring parenthood and those who desire to have children but encounter fertility challenges[4]. A 2024 study by Kimberly examined childless women of colour through semi-structured interviews with 40 participants aged 36 to 61. The findings indicate that these women experience a freedom from heteronormative obligations and report a high level of life satisfaction, despite residing in communities that do not adhere to traditional values.

According to data from the Central Statistics Agency, Indonesia's population growth over the decade spanning 2010 to 2020 decreased by 0.24 per cent compared to the preceding period. This phenomenon is influenced by various factors, including the emergence of the feminist movement, postponements in marriage and childbearing, and

[1] Tarek El-Sayed Mahmod Abu Okeal et al., 'Preventive Legislative Approaches to Child Protection in the Digital Environment: A Comparative Study of Australia, France, and Egypt', *Nusantara: Journal of Law Studies* 5, no. 1 (March 2026): 205–228, https://doi.org/10.66325/nusantaralaw.v5i1.222.

[2] Khoiruddin Nasution et al., 'The Childfree Discourse in Contemporary Islamic Family Law and Human Rights: Insights from Young Muslim Academics in Indonesia', *MILRev: Metro Islamic Law Review* 5, no. 1 (January 2026): 1–32, https://doi.org/10.32332/milrev.v5i1.11080.

[3] Encup Supriatna, 'Tec Empresarial Being a Childfree Man in Indonesia: Facing Challenges and Social Stigma in Choosing the Freedom Without Children Encup Supriatna A', *Tec Empresarial* 18, no. 1 (2023): 254–265.

[4] Meera Suresh Babu, '"Are You a Real Woman?": Stigma and the Childfree Indian Woman', *Indian Journal of Gender Studies*, ahead of print, 2024, https://doi.org/10.1177/09715215241262134.

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the processes associated with modernisation. A significant number of women are delaying marriage and motherhood or opting not to engage in these traditional roles.

Research on the topic of being childfree has garnered significant attention and has emerged as a focal point of academicinquiry[5]. Current research trends concentrate on three main aspects. First, the discussion centres around the definitions of relevant terminologies. The term "childfree" is sometimes used alongside several alternative phrases, including "voluntarily childless," "intentionally childless," "not a mother," "not a father," "childless," and "childfree."[6] Second, the literature examines the motivations and rationales for choosing not to have children, particularly highlighting the self-centred perceptions that women may develop when they allocate considerable time and resources to their offspring, thereby contributing to the global imbalance in an increasingly populated world. Another prevalent reason corresponds with the concept of individualautonomy. Third, individuals who opt for a child-free lifestyle often encounter negative stigma fromsociety. Among these three aspects, existing research on the phenomenon of being childfree has not thoroughly explored the perspective of women's bodies. This study seeks to investigate the experience of being childfree in Indonesia through the lens of women's bodies, employing field studies and a review of relevant literature. The research will analyse how biopsychosocial theory offers insights into the dynamics of being childfree, emphasising its biological, psychological, and social dimensions. Furthermore, applying rational choice theory will deepen understanding of the rational factors that inform perspectives on being childfree.

The purpose of this research is to uncover the experiences of Indonesian women who choose to be childfree and how they articulate their agency in making these choices. It aims to capture their views on childfree choices within an analytical framework of the Biopsychosocial Model and the Rational Choice Model. Can these aims be expressed in the following questions: 1) What are the factors behind Indonesian women choosing

[5] Siti Nurjanah and Iffatin Nur, 'Childfree: Between the Sacredness of Religion, Law, and the Social Reality', *Al-'Adalah* 19, no. 1 (2022): 1–28, https://doi.org/10.24042/adalah.v19i1.11962.

[6] Iain Bone et al., *Melampaui Konvensi : Eksplorasi Identitas Gender Pada Tubuh Perempuan Childfree*, 1, no. 1 (2023): 23–32.

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childfree? 2) How does Indonesian society perceive women who choose to remain childfree? 3) How do the Biopsychosocial theory and al-Shāṭibī's *Maṣlaḥah–Mafsadah* framework interpret the childfree phenomenon in Indonesia?

METHOD

This study employs an interpretive, qualitative research design with a phenomenological approach to explore women's lived experiences of choosing to remain childfree. The phenomenological approach is utilised to capture the participants' subjective meanings, perceptions, and interpretations within their socio-cultural and religious contexts. The research participants consist of seven Indonesian women from various provinces (Jakarta, Central Java, East Java, West Java, Kalimantan, Sumatra, and Sulawesi), including both married and unmarried individuals. In addition, five other Indonesian women from different provinces (Yogyakarta, East Java, Central Java, and West Java), also comprising both married and unmarried individuals, are involved to explore broader societal perspectives on the emerging childfree phenomenon in Indonesia. Data were collected through semi-structured in-depth interviews and non-participant observation, allowing flexibility in exploring participants' narratives while remaining aligned with the research objectives. The data collection process was further supported by the analysis of various literature sources, including books and academic journals relevant to the research topic.

RESULTS AND DISCUSSION

The author explores their daily experiences by observing them directly and conducting in-depth semi-structured interviews. All interviews were recorded using a voice recorder after obtaining participant consent. The informant in this research is presented in Tables 1 and 2. Table 1 supports the first research question, and Table 2 supports the second research question.

Table 1. Seven women's opinions on childfree life choices

Inisial	Provinsi	Usia	Pekerjaan	Status

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INF 01	Jakarta	33 years	Self-employed	Married (M)
INF 02	Central Java	39 years	Self-employed	Not married yet (NMY)
INF 03	East Java	25 years	Student	Not married yet (NMY)
INF 04	West Java	36 years	Self-employed	Married (M)
INF 05	Kalimantan	25 years	Student	Not married yet (NMY)
INF 06	Sumatra	32 years	Civil Servant	Married (M)
INF 07	Sulawesi	26 years	Student	Not married yet (NMY)

Data source: Personal data collected by the researcher.

Table 2.5 (five) Societal views on childfree

Inisial	Provinsi	Usia	Pekerjaan	Status
INF 08	Yogyakarta	41 years	Trader	Married (M)
INF 09	East Java	37 years	Self-employed	Married (M)
INF 10	Central Java	24 years	Student	Not married yet (NMY)
INF 11	West Java	43 years	Trader	Married (M)
INF 12	Central Java	38 years	Trader	Married (M)

Data source: Personal data collected by the researcher.

Based on interviews with 7 (seven) women, both married and unmarried, who chose to live a "childfree" life, they identified several reasons and underlying considerations, which will be elaborated upon in the following. According to the literature, there are several categories of reproductive decision-making regarding parenthood. First, childfree refers to a conscious and voluntary decision not to have children. Second, childless refers to the condition of not having children due to circumstances beyond an individual's primary

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choice, such as infertility or other biological, social, or personal constraints.[7] Among the five informants in this study, some are childfree, while others are childless. The following section provides a detailed explanation of these classifications.

Factors Influencing Indonesian Women's Decision to Remain Childfree

Polycystic Ovary Syndrome (PCOS)

Based on the findings previously articulated by the author, INF 01 posited that a child-free lifestyle may be associated with a specific biological condition, namely Polycystic Ovary Syndrome (PCOS). PCOS is a hormonal disorder that predominantly affects women of childbearing age and represents the most prevalent endocrine disorder within this demographic, impacting approximately 8- 13%[8]. This condition fundamentally disrupts female reproductive fertility, complicating the ability of women with PCOS to ascertain their fertile periods due to irregular menstrual cycles. This correlation suggests a potential interplay between psychological conditions and biological factors.

A 2022 Swedish study conducted by Berit Höglund and Ingegerd Hildingsson of the Department of Women's and Children's Health, Uppsala University, Sweden, showed that some of the informants in her study had chronic health conditions (such as kidney disease, Polycystic Ovary Syndrome (PCOS), or multiple sclerosis) that could be exacerbated by pregnancy. Mental health issues, such as depression and anxiety, make them feel incapable of coping with the challenges of parenthood. Pregnancy is considered a risk that can upset their health balance.[9] Another study, published in 2023 in the Australian Journal of General Practice (AJGP), found that individuals with Premature Ovarian Insufficiency (POI) choose to live childfree. Premature Ovarian Insufficiency (POI) is the

[7] Marco Albertini and Elisa Brini, 'I've Changed My Mind. The Intentions to Be Childless, Their Stability and Realisation', *European Societies* 23, no. 1 (2021): 119–160, https://doi.org/10.1080/14616696.2020.1764997.

[8] Kathleen M. Hoeger, Anuja Dokras, and Terhi Piltonen, 'Update on PCOS: Consequences, Challenges, and Guiding Treatment', *Journal of Clinical Endocrinology and Metabolism* 106, no. 3 (2021): E1071–83, https://doi.org/10.1210/clinem/dgaa839.

[9] Berit Höglund and Ingegerd Hildingsson, 'Perceptions and Imagined Performances of Pregnancy, Birth and Parenting among Voluntarily Child-Free Individuals in Sweden', *Sexual and Reproductive Healthcare* 31, no. February (2022), https://doi.org/10.1016/j.srhc.2022.100696.

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loss of ovarian function before the age of 40. POIs can occur spontaneously or iatrogenically (as a result of medical interventions such as chemotherapy or surgery).

Based on this explanation, it shows that biological conditions and mental health are factors for women to decide to live a child-free life. As INF 01 said in an interview:

> "I have one child from my first husband, but the PCOS and psychological illness that I am experiencing today due to my relationship with my first husband, this is what made me choose childfree."[10]

So, it can be observed that INF 01 is a woman who does not have biological or mental problems at first, so she can get pregnant and give birth to a child. However, due to the issues that arose in her relationship with her first husband, in this case, PCOS and mental health disorders, this is what caused her to choose Childfree.

Dysmenorrhea

INF 02 reports experiencing dysmenorrhea, defined as severe menstrual pain, during each menstrual cycle, rendering it one of the most prevalent gynaecological conditions impacting women across all agegroups[11]. This pain leads her to express a desire for immediate menopause, as INF 02 said in an interview:

> "I really hate the pain of menstruation."[12]

Menopause is defined as the permanent cessation of menstruation resulting from the ageing of the ovaries. Contrary to common misconceptions, menopause is not a pathological condition but a natural process within female physiology[13]. She prefers to experience menopause immediately, accepting the notion that her uterus will no longer

[10] Based on an interview with INF 01, conducted on December 8, 2024, at 5:00 PM (WIB).
[11] Yuliana Vivian Maharani, Ery Fatmawati, and Rahmah Widyaningrum, 'Pengaruh Aromaterapi Bunga Lavender (Lavandula Angustifolia) Terhadap Intensitas Nyeri Haid (Dismenore) Pada Mahasiswi STIKES Madani Yogyakarta', *Jurnal Kesehatan Madani Medika* 7, no. 1 (2018): 43–49.
[12] Based on an interview with INF 02, conducted on December 9, 2024, at 4:00 PM (WIB).
[13] İbrahim Özdemir, 'A New Ethics of Compassion for Animals: Said Nursi on the Rights of Flies', *Journal of Islamic Ethics* 6, no. 1 (2022): 53–80, https://doi.org/10.1163/24685542-12340083.

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have the capacity for reproduction, rather than enduring the recurring pain associated with dysmenorrhea each month. As INF 02 said:

> "The pain resulting from dysmenorrhea makes me emotional and irritable."[14]

A study found that dysmenorrhea, particularly primary dysmenorrhea, is associated with a variety of emotional and stress-related symptoms. The study underscores that these symptoms may enhance the probability of experiencing more severe pain[15]. As INF 02 said:

> "This is the reason why I do not want to have children when I get married. Because every month I have to deal with pain like this, which causes me to be very emotional."[16]

Based on this explanation, it can be observed that INF 02 realises that she hates the pain of dysmenorrhea, especially the pain of childbirth. In addition, he realised he was not a patient person and that he was easily angered. These two things are why she wants to choose a child-free life.

Childfree Due to Psychological Conditions

Dissociative Identity Disorder (DID)

Based on the findings previously discussed by the author, INF 01 has concluded that a childfree lifestyle may be influenced by a psychological condition known as Dissociative Identity Disorder (DID). She expresses concern that becoming pregnant may adversely affect the growth and development of a child in utero. As INF 01 said:

> "To this day, I am still undergoing therapy for DID, which requires me to take drugs for treatment. These medications are what caused me to get PCOS. So it is hazardous if I have to get pregnant. I do not want anything bad to happen to the baby in my womb as a result of these mental disorders and medications."[17]

[14] Based on an interview with INF 02, conducted on December 9, 2024, at 4:00 PM (WIB).
[15] Özdemir, 'A New Ethics of Compassion for Animals: Said Nursi on the Rights of Flies'.
[16] Based on an interview with INF 02, conducted on December 9, 2024, at 4:00 PM (WIB).
[17] Based on an interview with INF 01, conducted on December 8, 2024, at 5:00 PM (WIB).

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A study indicates that stress disorders in pregnant women can adversely affect fetal development, leading to complications such as stunted growth, an increased risk of premature birth, and low birth weight.

Intolerance to Distress

INF 02 expressed that she felt she lacked the capacity to fulfil the role of a mother. She acknowledged that she is not inherently patient with children. As INF 02 said:

> "I have a neighbour; she has two children, both boys, and a girl who is still a toddler. Every day she cries (*tantrum*) and is left alone by her parents. It was very disturbing. I thought, actually, what parenting style leads to tantrums like this every day? Is it this difficult to guide children? What about me, who is easily angered and impatient, when I have children in the future? Moreover, I have dysmenorrhea every month, which is very annoying. I was worried that all of that would hurt my child."[18]

Tantrums are characterised as overt expressions of undesirable behaviour that are extreme, severe, and disproportionate to the situation[19]. Individuals who experience emotional distraction when confronted with discomfort may be described as having intolerance to distress. J.P. Du Preez, in "Managing the Quality of Emotions" by J.P. Anthony Dio Martin, articulates that emotions constitute the body's responses to specific situations. The nature and intensity of these emotional reactions are typically correlated with our cognitive processes, which are shaped by our perception of particular events[20].

Childfree Due to Environmental and Social Conditions

Based on the author's previously articulated findings, women who opt to live child-free are influenced by a variety of environmental and social factors, including educational

[18] Based on an interview with INF 02, conducted on December 9, 2024, at 4:00 PM (WIB).
[19] Elizabeth Daniels, Barbara Mandleco, and Karlen E. Luthy, 'Assessment, Management, and Prevention of Childhood Temper Tantrums', *Journal of the American Academy of Nurse Practitioners* 24, no. 10 (2012): 569–573, https://doi.org/10.1111/j.1745-7599.2012.00755.x.
[20] B. Boehm, *Spiral Development Model*, 1988.

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attainment, economic factors, ecological considerations, and prevailing traditional and religious perspectives regarding women.

Education

Children who are born into the world possess inherent rights to protection, which the family, religious institutions, and the state must ensure.[21] INF 03, who remains unmarried, has opted for a childfree lifestyle due to concerns about educational conditions in her environment. A significant number of parents continue to believe that the responsibility for educating children rests exclusively with teachers in the school setting, rather than being shared among parents. As INF 03 said:

> "I chose childfree because I saw the conditions in my social environment, where many parents did not pay attention to the safety of their children. They play anything, do whatever they are allowed to, and everything is normalised. Their parents' perspective is that educating children is the responsibility of teachers at school. The task of parents is only to raise. For me, my environment is toxic, so for now I am still thinking about being childfree."[22]

Consequently, they frequently neglect to establish a safe play space for children within the home environment, thereby depriving them of necessary direction and guidance. Research conducted by Anneli Niikko[23], delineates the roles of teachers, parents, and students in the educational process:

Table 2. Education as a function of socialisation

All Educators	Teachers	Parents	Students

[21] Gidion Arif Setyawan et al., 'Legal Protection for Children in Conflict with the Law: Policy Evaluation and Reform Recommendations', *Jurnal Hukum* 41, no. 1 (April 2025): 157, https://doi.org/10.26532/jh.v41i1.42331.

[22] Based on an interview with INF 03, conducted on December 10, 2024, at 4:00 PM (WIB).

[23] Anneli Niikko, 'Education—a Joint Task for Parents, Kindergarten Teachers and Kindergarten Student Teachers', *International Journal of Early Years Education* 12, no. 3 (2004): 259–274, https://doi.org/10.1080/0966976042000268726.

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1. **To give resources for life** 2. **To teach and guide to be a member of society** 3. **To teach to be with other people** 4. **To teach moral principles (right and wrong)**	1. To teach to trust oneself 2. To teach to act as an individual 3. To guide a child to things that an adult considers important	1. To transfer one's own tradition 2. To set boundaries to limit and control behaviour 3. To educate mentally and physically	1. To transfer cultural tradition 2. To transfer awareness of one's own culture 3. Communication between generations

Source: Krishnendu Roy (2025). Socialisation. Education. Skollersta

Table 3. Education as support for the development of the child

All Educators	Teachers	Parents	Students
To support the development of the child	1. To observe the child's growth 2. To provide possibilities	To help the child find his/her own identity	The child will be happy and healthy

Source: Beverly Otto (2024). Language Development. Childhood Education. New York.

Table 4. Education as care

All Educators	Teachers	Parents	Students
1. **Interaction with the child** 2. **Guiding the child**	1. To show a direction 2. To listen to the child 3. To pay attention to what the child is interested in	To love the child	

Source: Kirsti Karila&Paivi Kupila 2023. Childhood Education and Care. Finlandia

Based on the three tables, it can be concluded that education represents a collective responsibility among teachers, parents, and students, who ideally collaborate synergistically.

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Economy

INF 05, who remains unmarried, opted for a child-free life based on her observations of familial conditions. As INF 05 said:

> "I grew up in a family with middle to lower economic conditions. For my parents, children are considered an investment in the future with the obligation to repay their parents' services. However, parenting roles, such as providing love and a safe environment for children, are often underestimated. I do not like that kind of view."[24]

Thus, as previously elucidated in Tables 1, 2, and 3 regarding education, economic factors can be identified as critical determinants of the successful execution of parental responsibilities in educating and raising children to ensure a respectable quality of life. INF 05 said:

> "I do not dare have children in a weak economic condition because, in addition to the *harm*ful impact that I have explained, financial conditions are also directly proportional to the quality of the health of husbands, wives, and children."

In the context of marital relationships, economic conditions are a source of well-being for both women (wives) and men (husbands). This underscores the significance of economic stability within marital relationships, which acts as a vital factor supporting women's health and well-being.

Ecology

Two informants (INF 06 and INF 07) chose to live child-free for ecological reasons. Ecological factors significantly influenced INF 07's decision to remain childfree. As INF 06 said:

> "My decision to remain childfree was motivated by the escalating degradation of the natural landscape attributable to mining activities in my village. Moreover, the

[24] Based on an interview with INF 05, conducted on December 12, 2024, at 4:00 PM (WIB).

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> gradual recovery of the environment intensifies my concerns regarding the future for myself and any potential offspring."[25]

As INF 07 said:

> "My choice was shaped by the ecological conditions in my environment, particularly regarding public awareness of waste management."[26]

A study indicates that small-scale gold mining in Bombana, Eastern Indonesia, yields economic benefits while simultaneously causing adverse effects on human health and the environment, primarily due to mercury pollution. A person's decision to remain childfree due to ecological conditions is significant and warrants respect. Similarly, waste management in Indonesia represents a critical concern for individuals who prioritise environmental sustainability. This understanding underpins the rationale of women who choose to pursue a childfree lifestyle for ecological reasons.

Indonesian Society's Perspectives on Childfree

Traditional Views

One reason women (INF 04) opt for a child-free lifestyle is the traditional perspective of Indonesian society regarding women's roles, which primarily positions them as individuals whose primary function is to bear children after marriage. As INF 04 said:

> "As a Javanese, I feel that women are often in an inferior position and that is reinforced in the cultural structure. Like the term we know in Javanese culture: the woman is in charge of the well, the kitchen, and the mattress. When women have busy activities outside the home, for example, continuing education, it is considered not in accordance with women's duties and functions."[27]

Another term denoting a wife's role within the household is "konco wingking," which translates to "friend behind the scenes." This terminology underscores the domestic duties that women, or wives, are expected to undertake, including meal preparation,

[25] Based on an interview with INF 06, conducted on December 12, 2024, at 2:00 PM (WIB).
[26] Based on an interview with INF 07, conducted on December 13, 2024, at 4:00 PM (WIB).
[27] Based on an interview with INF 04, conducted on December 11, 2024, at 4:00 PM (WIB).

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laundry, housekeeping, andchildcare[28]. This reflects the valuation of women within Javanese culture. In the context of choosing a child-free lifestyle, this decision signifies a woman's endeavour to extricate herself from the constraints imposed by the patriarchal system. INF 04 said:

> "Patriarchal cultural norms like this must be eliminated. Women have authority over their own bodies. Women have rights over themselves, their bodies, including the decision whether to have children or not, are up to women."[29]

Religious Views

In normative Islamic discourse, a *ṣāliḥah* (righteous) woman is conceptualised as a woman of exemplary moral and spiritual character who attains esteemed status before Allah, the Prophet Muhammad, and the wider community[30]. She is widely perceived as a central foundation for the establishment of marital *harm*ony and the preservation of a stable and enduring marital relationship. In Islamic teachings, a woman's righteousness is considered to reach its fullest expression when she can contribute to the upbringing of virtuous and morally upright offspring within the family. Indonesia possesses the largest Muslim population globally[31]. In Islam, children are regarded as a significant blessing, as articulated in Surah Al-Imran, verse 14: "Children are the jewels of the world"[32]. The desire to have children is a paramount expectation within the institution of marriage. As INF 08 said:

> "I do not agree with being childfree, because the nature of women is to get pregnant, give birth, and breastfeed. Even in Islam, it is believed that children are a source of

[28] Dyah Purbasari Kusumaning Putri and Sri Lestari, 'Pembagian Peran Dalam Rumah Tangga Pada Pasangan Suami Istri Jawa', *Jurnal Penelitian Humaniora* 16, no. 1 (2015): 72–85.
[29] Based on an interview with INF 04, conducted on December 11, 2024, at 4:00 PM (WIB).
[30] Jumni Nelli et al., 'Reconstructing the Ṣāliḥah Wife: Gendered Exchange, Religious Authority, and Divorce among Working Muslim Women in Indonesia', *Juris: Jurnal Ilmiah Syariah* 25, no. 1 (2026): 1–14, https://doi.org/10.31958/juris.v25i1.16025.
[31] Hamka Hamka et al., 'Edukasi Dan Promosi Produk Halal (Kajian Literatur)', *Journal of Islamic Economic and Law* 1, no. 1 (2023): 27–34.
[32] Semaun Al Usman et al., 'Childfree and the Position of Children From an Islamic Perspective in Indonesia', *Hukum Islam* 23, no. 1 (2023): 16, https://doi.org/10.24014/jhi.v1i23.20360.

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> sustenance, and children are solace. So why childfree? Having children is happy; those who have no children at home feel lonely."[33]

Then, INF 09 said:

> "Being a woman who serves her husband by giving him offspring, serving her husband, and taking care of the house well is a field of merit. That is the duty of women, in the religious command."[34]

From the statements of the two informants who oppose a childfree life, it can be observed that the religious norms that serve as a strong basis for them do not align with childfree living. Contrary to this statement, INF 10 said:

> "In terms of cultural norms, especially Javanese culture, we know that culture is quite strong in positioning women in an inferior position. The more children, the more rizki. Even though there are many aspects to consider when we have children, it is not just about merit and heaven. My partner and I chose childfree because there are some rational considerations."[35]

The notion of being childfree is perceived as contradictory to the primary objectives of marriage. Additionally, the choice to remain childless is often regarded as inconsistent with Islamic sharia, as delineated in the Qur'an and Hadith[36].

Biopsychosocial Analysis

In 2002, the World Health Organisation published the International Classification of Functioning, Disability and Health (WHO ICF), which explicitly refers to the biopsychosocial model. This model is used to create guidelines, discussed clinically in the

[33] Based on an interview with INF 08, conducted on December 13, 2024, at 2:00 PM (WIB).
[34] Based on an interview with INF 09, conducted on December 14, 2024, at 2:00 PM (WIB).
[35] Based on an interview with INF 10, conducted on December 14, 2024, at 4:00 PM (WIB).
[36] Erfaniah Zuhriah et al., 'Childfree, the Digital Era, and Islamic Law: Views of Nahdlatul Ulama, Muhammadiyah, and Gender Activists in Malang, Indonesia', *Samarah* 7, no. 3 (2023): 1606–26, https://doi.org/10.22373/sjhk.v7i3.17753.

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context of person-centred care, and in other contexts. Physicians should apply a holistic approach to illness and consider their relationship with the patient as sociallyegalitarian[37].

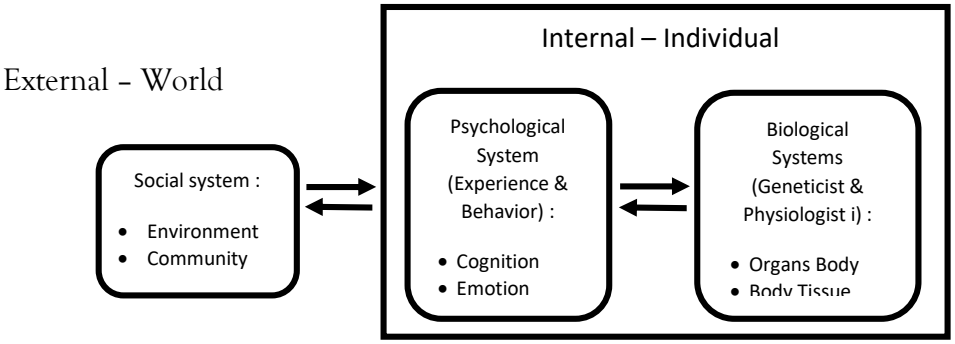


Figure 1. Biopsychosocial model

Source: E.P.,Sarafino & T.W.,Smith. (2014). Health Psychology. Biopsychosocial Interactions. New Jersey: John Wiley & Sons, Inc.

The biopsychosocial model assumes that psychological and biological systems within the individual interact, and that these internal systems are simultaneously connected to the social system and the world outside the individual. As shown in Figure 1, the systems influence one another. To understand the phenomenon of childfree in Indonesia, it is necessary to understand the biological, psychological, and social aspects of individuals who choose this lifestyle. Based on the analysis employing the biopsychosocial model, it can be concluded that informants who elect to be childfree—whether they have actively made this decision or merely endorse it—exhibit underlying factors that are closely associated with their internal conditions. These factors encompass biological influences that also affect their psychological state. Furthermore, external variables, including social and environmental conditions, play a significant role in shaping their perspectives on the decision to remain childfree, as can be understood in Table 4:

Table 5. Analysis of the childfree phenomenon with a Biopsychosocial model

Initial	Internal - Individual	External - World

[37] E. R. Kandel and L. R. Squire, 'Neuroscience: Breaking down Scientific Barriers to the Study of Brain and Mind', *Science* 290, no. 5494 (2000): 1113–1120, https://doi.org/10.1126/science.290.5494.1113.

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	Psychological System	Biological Systems	
INF 01	Dissociative Identity Disorder (DID)	Polycystic Ovary Syndrome (PCOS)	Sexual violence
INF 02	Intolerance to Distress	Dysmenorrhea	• Frequently observe toddler tantrums • Traditional perspectives on children and woman
INF 03	-	-	Traditional perspectives on children and women, especially in the education aspect
INF 04	-	-	Traditional perspectives on children and women
INF 05	-	-	Personal experiences of residing in a challenging economic environment
INF 06	-	Affected by diseases experienced by people in their environment due to mining waste	Conditions in its environment that have been adversely affected by pollution resulting from mining activities

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INF 07	-	-	Limited public awareness regarding waste management practices
INF 10	-	-	Religious perspectives on children and women

***Maslahah-Mafsadah* As-Syatibi**

The decision to remain childfree, particularly among married couples, should be based on the mutual consent and approval of both spouses, as it directly concerns their bodily autonomy,[38] psychological well-being, and shared responsibilities within the maritalrelationship[39]. In the theory of *maslahah–mafsadah*, al-Shāṭibī holds that the pursuit of public interest (*maslahah*) takes precedence over *harm* (*mafsadah*), so that Islamic law does not compel individuals to submit to religious obligations without conscious awareness and willingness. One of al-Shāṭibī's key principles, *"Dar' al-mafāsid muqaddam 'alā jalb al-maṣāliḥ,"* is a legal maxim that means preventing *harm* (*mafsadah*) takes precedence over attaining benefit (*maṣlaḥah*). This principle prioritises avoiding greater *harm* or evil, even when there is a potential benefit, especially if the perceived benefit is not proportionate to the potential *harm*.

Based on the findings, INF 10, who chose a childfree life, stated:

> "I feel that religious teachings are often used to pressure women into having to marry and have children, whereas I want to live a complete life without being constrained by that role."[40]

[38] Y. Sonafist et al., 'Contested Puberty: Judicial Discretion, Moral Regulation, and the Persistence of Child Marriage in Indonesia', *Nusantara: Journal of Law Studies* 5, no. 2 (July 2026): 825–848, https://doi.org/10.66325/nusantaralaw.v5i2.278.

[39] Ahmad Irfan et al., 'Ridhaa in Islamic Marriage Law: Reconstructing Consent under Psychological Coercion', *Al-Istinbath: Jurnal Hukum Islam* 11, no. 1 (2026): 272–293, https://doi.org/10.29240/jhi.v11i1.16345.

[40] Based on an interview with INF 10, conducted on December 14, 2024, at 4:00 PM (WIB).

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The above can be understood through a contextual dialectic between *maslahah* and *mafsadah*. The phenomenological findings indicate that informants who choose a childfree life interpret this decision as an effort to preserve personal well-being and social relationships, as well as a form of resistance against religious and cultural constructions that reproduce gender stereotypes and heteronormative perspectives. Conversely, informants who do not choose a childfree life interpret reproduction as a religious obligation and a form of compliance with established social norms. They tend to support gender stereotypes and heteronormative perspectives that are legitimised by dominant religious interpretations. This is reflected in the INF 10 statement:

> "In my religion, getting married and having children are part of worship, and women are inherently destined to be mothers."[41]

An analysis of the two perspectives above shows that perceptions of *mafsadah* are more strongly shaped by the internalisation of religious and cultural values as hegemonic norms than by a *maqāṣid*-based evaluation that takes into account justice, humanity, and the actual life contexts of women.

Table 6. Analysis of the childfree phenomenon with As-Syatibi

Initial	If childfree	If not childfree
INF 01	I will concentrate primarily on therapeutic approaches for the healing of Dissociative Identity Disorder (DID) and Polycystic Ovary Syndrome (PCOS)	• The administration of *pharm*acological treatments for Dissociative Identity Disorder (DID) during pregnancy may have implications for fetal growth and development. • The process of recovery from DID may be further complicated by the demands associated with parenting responsibilities. • Moreover, the re-emergence of DID symptoms can engender

[41] Based on an interview with INF 10, conducted on December 14, 2024, at 4:00 PM (WIB).

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		feelings of insecurity and discomfort in the child.
INF 02	• Not inflicting *harm* upon children is a fundamental ethical obligation, as women frequently exhibit diminished patience in their interactions with them, resulting in heightened intolerance for distress. • Women prioritise the management of dysmenorrhea each month while striving to maintain the comfort of their children. • She exemplifies to society that women are not required to adhere to heteronormative standards; a fulfilling marriage can exist independently of childbearing. • Women possess autonomy over their own bodies, including the liberty to attend to their beauty and health with increased availability of time.	• Her impatience with children may frequently result in *harm* to the child • When dysmenorrhea occurs, the child may experience neglect as she endeavours to manage the pain • Due to constraints in time and resources, she is less capable of attending to her beauty and health
INF 03	• Rejecting gender stereotypes and heteronormative perspectives within their environments • A parent's well-being is not dependent on their children's achievements or conduct.	Supporting gender stereotypes and heteronormative perspectives within their environments

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INF 04	Rejecting gender stereotypes and heteronormative perspectives within their environments based on traditional norms	Supporting gender stereotypes and heteronormative perspectives within their environments based on traditional norms
INF 05	• Children should not be subjected to adverse environmental conditions resulting from traditional perspectives. • Nor should they endure hardships due to their families' constrained economic situations	• As a result of this traditional perspective, children become victims of environmental conditions that are not conducive to their well-being. • Children may become victims of their families' constrained economic circumstances, leading to persistent unhappiness.
INF 06	Protecting children's health from environmental pollution caused by mining activities is a moral imperative, as these issues often receive insufficient attention and resolution.	Environmental pollution resulting from mining activities, which is being addressed at a gradual pace, poses significant risks to children's health as a consequence of the divine mandate.
INF 07	• She and her husband will focus on implementing the "Zero Waste" movement in their environment to protect the environment. • Reducing the amount of waste in baby diapers, milk cans, etc	• She and her husband will not focus on carrying out the "Zero Waste" movement in their environment to save the ecological conditions • Contributing to increasing the amount of waste from baby diapers, milk cans, etc
INF 10	Rejecting gender stereotypes and heteronormative perspectives within their environments based on religious norms	Supporting gender stereotypes and heteronormative perspectives within their environments based on religious norms

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This dynamic serves patriarchal, heteronormative, racist, and discriminatory agendas, frequently with the involvement of religiousinstitutions.[42] Zahra Ayubi's essay elucidates how the reproductive ethics and medical practices of contemporary Muslims are rooted in masculine-normative legal discourse (fiqh). By decentralising legal discourse and challenging the predominance of all-male leadership, her proposals on Islamic bioethics aim to empower women's voices and experiences in defining ethical principles and approaches to their reproductive health. The prevailing ideology posits that if a woman's body possesses the capacity for reproduction, she should fulfil that role. In the humanistic or individualistic paradigm of humanity, agency is, by definition, a characteristic attributed to all healthy adults. Nevertheless, certain individuals, such as women, children, and society at large, may not be adequately socialised to assume the role of agents (terminology adapted from Trinh and Minh Ha)[43]. Saba Mahmood articulates that agency refers to the capacity to act[44].

Consequently, efforts to transcend the objectification of women, which constrains their autonomy over their own bodies, can be viewed as a challenge to patriarchal culture. Therefore, in the context of reproductive ethics and the future of family discussed previously, the female body today is systematically regulated under social, cultural, and religious norms that are inseparable from the patriarchal understandings (doctrines, stereotypes) that have pervaded society.

The examination of women's reproductive health within the Islamic framework, particularly in the context of Indonesia, the nation with the largest Muslim population globally[45], uncovers several research trends related to the study of the female reproductive system as presented in the Qur'an. Secondly, women's reproduction has been scrutinised through the lens of Islamic law. Thirdly, the interplay between women's reproduction and

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[42] Margaret D. Kamitsuka, 'Women'S Reproductive Authority in Religious Ethics', *Journal of Religious Ethics* 49, no. 2 (2021): 219–225, https://doi.org/10.1111/jore.12344.

[43] Social Analysis and The International Journal, *The Concept of Agency : A Feminist Poststructuralist Analysis Author (s): Bronwyn Davies Source : Social Analysis : The International Journal of Anthropology , December , 1991 , No . 30 , Postmodern Critical Theorising (December , 1991), Pp . 42-53 Pu*, no. 30 (1991): 42–53.

[44] Eva F. Nisa, *Face-Veiled Women in Contemporary Indonesia*, in *Face-Veiled Women in Contemporary Indonesia* (Routledge, 2022), https://doi.org/10.4324/9781003246442.

[45] Hamka et al., 'Edukasi Dan Promosi Produk Halal (Kajian Literatur)'.

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sexuality in the Qur'an, as well as its implications within patriarchal discourse, has been investigated. Lastly, critical analyses have explored Qur'anic verses regarding women's reproduction from a gender perspective. It asserts that women possess equal rights to men, including matters related to sexuality, and emphasises that both men and the environment share responsibilities and risks associated with women's reproductive systems. Based on these findings, it is evident that reproductive ethics concerning the female body and the future of the family, when examined from a religious (Islamic) perspective, are characterised by negotiation and flexibility. Likewise, the phenomenon of being child-free exemplifies a negotiable and adaptable approach to life.

CONCLUSION

This study demonstrates that complex interactions between biological, psychological, and socio-cultural factors shape the decision to live a child-free life among Indonesian Muslim women. Women's reproductive choices are closely linked to health conditions, mental well-being, economic considerations, environmental concerns, and entrenched patriarchal norms that continue to frame motherhood as a mandatory female role. These findings challenge simplistic moral judgments that reduce childfree decisions to individual deviation from religious or cultural expectations. By integrating the biopsychosocial framework and al-Shāṭibī's *maslahah–mafsadah* theory, this research offers a contextual reading of childfree choices through the lens of *maqāṣid al-sharī'ah* and the *maṣlaḥah–mafsadah* framework. The analysis shows that preventing *harm* (*dar' al-mafāsid*) to women's physical and psychological well-being can constitute a legitimate form of *maslahah*, thereby affirming that reproductive decisions in Islam are context-dependent and ethically negotiable. Overall, this study contributes to contemporary debates on Islamic law, gender, and reproductive ethics by foregrounding women's lived experiences as valid sources of ethical reasoning. It calls for more inclusive and justice-oriented interpretations of religious norms that recognise women's agency and the diversity of family life choices in contemporary Muslim societies.

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AUTHOR CONTRIBUTIONS STATEMENT

Author 1 (WNM) was primarily responsible for conceptualizing and designing the qualitative study, including formulating research questions and selecting the qualitative research approach. WNM led the development of the interview guides and research instruments, conducted in-depth data collection through interviews and/or focus group discussions, and oversaw the entire research process. WNM also performed the initial coding, contributed substantially to thematic analysis, interpreted the findings, and drafted the original version of the manuscript. Author 2 (MJT) contributed to data collection and data management, including transcription, organisation, and familiarisation with the qualitative data. MJT participated in the coding process and supported the development and refinement of themes. MJT also contributed to data validation procedures, such as triangulation and member checking, and assisted in writing the methodology and results sections. Author 3 (NMA) was responsible for methodological rigour and analytical validation. NMA reviewed the coding framework, independently coded a subset of the data to assess intercoder reliability, and contributed to refining analytical themes. NMA provided critical input on the qualitative analysis strategy and contributed to the interpretation of findings. NMA also critically reviewed the manuscript for methodological consistency and analytical depth. Author 4 (APM) contributed to the literature review and the development of the theoretical and conceptual framework. APM assisted in contextualising the findings within existing qualitative and empirical research and contributed to the writing and revision of the introduction and discussion sections. APM also supported the reflexivity process by providing critical perspectives on the researcher's positionality and potential bias. Author 5 (MFR) provided overall supervision and project administration, including coordination of the research activities. MFR ensured ethical

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compliance, including obtaining ethical approval and ensuring adherence to qualitative research ethics. MFR contributed to securing funding and resources, critically reviewed and edited the manuscript at all stages, ensured alignment with the target journal's guidelines, and approved the final version for submission.

CONFLICT OF INTEREST

The author declares that there is no conflict of interest regarding the publication of this article. The research was conducted independently without any financial, commercial, or institutional influence that could affect the objectivity, interpretation, or presentation of the findings.

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The author acknowledges the use of artificial intelligence-assisted language tools during the preparation of this manuscript, specifically DeepL Translator for translation and Grammarly for grammar checking and clarity improvement. These tools were used solely to enhance linguistic quality, readability, and clarity of expression. All conceptual development, legal analysis, interpretation of findings, and final intellectual content remain the sole responsibility of the author.

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