



Implications of Health Law in Religious Societies: Between Medical Compliance and Religious Observance

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ARTICLE INFO

Keywords: Health Law, Religious Community, Conflict of Norms, Inclusive Policy

Received : 25, April

Revised : 15, May

Accepted: 07, June

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ABSTRACT

This study examines the implications of health law in religious societies by highlighting the tension between medical adherence and religious adherence. Dasein or reality shows that modern health regulations, such as the practice of contraception, vasectomy and other medical interventions, often cause resistance because they clash with religious teachings and are influenced more by spiritual authorities than medical authorities, thus causing a conflict of norms. Meanwhile, dasollen or what should be done is to build health regulations that are inclusive, dialogical, and sensitive to moral and spiritual values, so that policies are not only legally valid, but also have social and religious legitimacy. The involvement of religious leaders and community leaders in the process of formulating and socializing health policies is identified as a strategic step to increase public acceptance while strengthening compliance with medical protocols. Thus, health law acts as a bridge between medical and spiritual authorities, so that maintaining health is understood not as a religious offense, but as part of a moral and spiritual responsibility. This research is expected to make an academic and practical contribution in formulating harmonious, equitable, inclusive, and sustainable health policy strategies in religious communities.

INTRODUCTION

In the realm of psychology, each individual has two main traits, namely potential traits and exploratory traits. As an exploratory creature, humans naturally have the ability to explore and develop themselves, both from the psychological and physical sides. Meanwhile, as potential beings, humans are equipped with innate abilities that can continue to be honed throughout their lives. The combination of these two qualities, when carried out in the context of religious life, will give rise to various emotions and feelings from within which then become the main basis for behavior. Therefore, the existence of religion in human life is inseparable and very important to support the development of potential and exploratory aspects that each individual has. This condition shows that human self-development does not only depend on internal aspects, such as potential and exploratory impulses, but is also influenced by external values, including religious teachings and applicable social norms. In religious societies, religious principles are often the main guideline in making life choices, including in terms of maintaining health. A healthy lifestyle is not only seen as a purely physical and medical endeavor, but also as a form of moral and spiritual responsibility. Therefore, the implications of health law in religious societies become increasingly complex, because they must be able to bridge the gap between general legal obligations and personal religious beliefs.

A real example can be seen in the vaccination program, where some people initially refused because they were worried that the vaccine contained haram ingredients. However, after the Indonesian Ulema Council (MUI) issued a fatwa that vaccines can be used to protect the health of the people, the number of vaccine acceptances increased rapidly. This shows that medical decisions in religious societies are heavily influenced by religious authorities. In addition, the issue of contraception and vasectomy also raises debate. Some groups refuse because they are considered contrary to the principle of "denying offspring", but when religious leaders and medical personnel explain that contraception is aimed at maintaining maternal and child health and improving family welfare, some people begin to accept. This kind of dialogical approach has proven to be much more effective than a rigid legal approach, because people will be more compliant with medical policy if they feel that religious values are still respected.

Another fact that strengthens the relationship between religion and health is that the practice of worship in religion actually contains many health values. For example, performing ablution before prayer teaches body hygiene that is in line with medical principles to prevent disease. The movement of praying five times a day helps to flex muscles, improve blood circulation, and maintain body balance. Ramadan fasting is not only spiritually meaningful, but also proven to be beneficial for physical health, such as detoxification, diet regulation, and self-control exercises. Field findings show that religious leaders see health as part of worship. Maintaining health is seen as a form of gratitude for God's blessings as well as a means to strengthen worship. Therefore, the role of religious leaders has become very strategic in conveying health messages. When religious leaders emphasize that maintaining health is a moral and spiritual obligation, people are more likely to accept medical treatment. Even the use of religious symbols in

health counseling, such as the implementation of programs in mosques or the use of religious terms, has been shown to increase public trust compared to approaches that only use rigid medical language.

In general, the results of this study confirm that the success of health programs in religious communities is largely determined by the extent to which the policy respects religious values. Health regulations that only emphasize the legal aspect are often less effective because they are perceived to ignore the spiritual aspects of society. In contrast, regulations designed by involving religious leaders, using cultural approaches, and respecting people's beliefs have proven to be more successful in improving medical compliance. Thus, medical compliance and religious observance are not two opposites. The two can go hand in hand through good communication, inclusive dialogue, and appreciation for the spiritual values of the community. Health in religious communities will be achieved optimally if medical personnel, the government, and religious leaders work together to build awareness that maintaining health is not only a medical matter, but also worship and moral responsibility to God.

In the context of religious society, human self-development is not only influenced by internal factors, but also external values in the form of religious teachings and social norms. Therefore, religion is an important guideline, including in maintaining health. Health is seen not only as a medical endeavor, but also as a form of moral and spiritual responsibility. This can be seen for example in the case of vaccinations, contraception, and vasectomy, where public acceptance is greatly influenced by fatwas or the views of religious leaders. Dialogue involving religious leaders has proven to be more effective than a rigid legal approach. In addition, the practice of worship in religion also contains health values, such as ablution that maintains cleanliness, prayer movements that are beneficial for the body, and Ramadan fasting that is physically healthy and exercises self-control. Religious leaders view maintaining health as part of worship and gratitude to God, so that it has a strategic role in conveying health messages.

In a religious society, health-related decisions are not only based on medical considerations, but also on religious beliefs. A clear example can be seen in the vaccination program, where the halal fatwa from the MUI is able to increase public acceptance, as well as on the issue of contraception and vasectomy which reaps pros and cons until it is explained by religious leaders as an effort to maintain family health. This shows that religious authorities have a strong influence on public adherence to health policies.

In addition, health values are already contained in religious practices, such as ablution that trains cleanliness, prayers that support physical health, and Ramadan fasting which is beneficial for the balance of the body. Thus, maintaining health is not only a medical obligation, but also part of worship and gratitude to God. Religious leaders play an important role as communicators who are able to bridge medical language with spiritual language, so that people can more easily accept health policies.

Health regulations that only emphasize the legal aspect tend to be less effective, because they can be considered to ignore the spiritual values of the

community. In contrast, dialogical, inclusive, and culturally based approaches have proven to be more successful in improving compliance. Therefore, health in a religious society is understood as a combination of medical responsibility and moral-spiritual obligation. Collaboration between the government, medical personnel, and religious leaders is needed so that health policies have legitimacy not only legally, but also socially and religiously.

Thus, the discussion of the implications of health law in religious societies cannot be separated from the fact that religion is often the main basis for determining attitudes towards medical services. Various debates that have arisen, such as the issue of vaccination, contraception, and blood donation, show how strong the influence of religion is in daily life. If health law is only seen from the formal legal aspect, it will be difficult to accept it by people who make religion the main guideline.

Furthermore, the application of health laws that are sensitive to religious values can increase public trust in government policies. Dialogue between medical personnel, religious leaders, and the community is an important space to build understanding. This can prevent conflicts between medical obligations and religious teachings, while strengthening awareness that maintaining health is also part of worship.

Therefore, this study tries to highlight how health law can act as a liaison between medical authorities and spiritual authorities. With an inclusive and dialogical approach, it is hoped that health policies will be born that are not only legally effective, but also have social and religious legitimacy. In this way, people are no longer faced with difficult choices between maintaining health or obeying religious teachings, but can carry out the two in harmony.

RESEARCH METHOD

In the study of psychology, humans are known to have two main traits, namely potential traits and exploratory traits. As exploratory beings, humans are instinctively driven to develop themselves both physically and psychologically, whereas as potential beings, humans have innate abilities that can be directed and developed throughout their lives. The integration between these two traits is particularly relevant when studied in the context of religious life, because religious experiences often give rise to the emotional impulses and inner motivations that are the main basis of human behavior. In relation to this study, the normative legal approach is used to examine how law, as a set of prescriptive norms, plays a role in directing and shaping human religious behavior. Through the study of secondary legal materials such as laws and regulations, legal principles, and expert opinions, this study tries to understand how legal norms not only regulate social relations, but also support the development of potential and exploratory aspects of human beings in the context of religion. In psychology, humans have two main traits, namely potential traits and exploratory traits. Humans are encouraged to develop themselves physically and psychologically, as well as have innate abilities that can be developed throughout life.

In the context of religion, religious experience gives rise to the inner impulses that shape behavior. The normative legal approach is used to understand how law plays a role in directing religious behavior. By examining the rules and expert opinions, the law not only regulates social relations, but also supports the development of human potential in religious life.

RESEARCH FINDINGS

In religious societies, there is often a tension between the obligation to comply with medical advice and the obligation to practice religious teachings. This tension arises especially when medical interventions are perceived as contrary to the principles of the faith adhered to. For example, some groups reject medical procedures such as blood transfusions, vaccinations, or the use of certain medications that are considered incompatible with religious teachings or contain prohibited elements. The state through health regulations has the responsibility to protect the right to health of every citizen, while freedom of religion is also constitutionally guaranteed, as stipulated in Article 28E paragraph (1) of the 1945 Constitution which states that everyone is free to embrace religion and worship according to his religion. The situation demands that the application of health law in religious societies be not only legalistic, but also sensitive to spiritual values. When an individual or group refuses health care on religious grounds, the law must be able to strike a balance between protecting public health and respecting religious freedom.

Article 4 paragraph (1) of Law Number 17 of 2023 concerning Health states that everyone has the right to receive safe, quality, and appropriate health services, without discrimination. This provision emphasizes the importance of fair and humane access to health services for all walks of life, including those living in religious communities. Therefore, legal regulations should not be one-way or rigid, but should be a means of dialogue that harmonizes compliance with medical protocols with respect for religious teachings. With a dialogical and inclusive approach, health law will be more socially and spiritually acceptable, and will be able to create a balance between medical authorities and religious values that live in society. Religion, especially in the Islamic view, serves not only as a spiritual guideline, but also as a system of life that encompasses all aspects, including health. In Islam, health is understood holistically, encompassing a balance between physical and psychological conditions, and is closely related to moral values and faith.

This principle shows that medical practice cannot be separated from the religious context in a religious society. When health regulations are enforced, the influence of religious teachings on public perception of health and medicine becomes very significant. Therefore, any health law policy must consider religious sensitivities so as not to create tension between the implementation of medical protocols and the preservation of religious values. Recognizing that religion is the moral foundation that gives direction to human life, including in responding to medical efforts, health law must be designed not only to guarantee normative aspects, but also to establish harmony between medical and spiritual authorities in the midst of religious communities. Religion in relation to culture

and social practices can be seen as beliefs and patterns of behavior that society pursues. Religion is used to deal with problems that cannot be solved with technology or organizational techniques that it knows.

The maturity of religion in society is seen in the ability of community members to understand, appreciate and apply the noble values of religion that they adhere to in daily life. Religiosity is the embodiment of values formed in the personality of a Muslim sourced from the teachings of Islam as a manifestation of one's submission and obedience to the creator, Allah SWT. Islam pays great attention to the world of health. Health is the main capital for work, worship and other activities. In addition to health, Islam also recommends clean living behavior, because cleanliness is the basis of health, and cleanliness is seen as part of faith. There are many benefits that can be obtained by having a high attitude of religiosity, as revealed by Deden Suparman, that the implementation of prayer brings benefits for medical and psychological health, psychological benefits, namely avoiding ourselves from heinous and unholy acts.

Medical benefits such as from the beginning of prayer we are required to perform ablution, it turns out that we must be clean, and even the prayer procedures from takbir, ruku, prostration to salam are reflected in it as physical activities that reflect so that our organs move so that they become healthy. Religion is essentially a basic necessity for human survival because it contains rules, laws that must be obeyed or obeyed by each perpetrator, therefore some experts say that in essence religion is God's rules revealed through His Apostles, so that everyone has an orderly life and has a good relationship with the kholid, or their relationship with fellow humans. There is also a relationship between religion and culture and social practices that can be used as guidelines and beliefs as well as patterns of behavior in society. Religion can be used as a principle to overcome problems that cannot be solved using technology or methods that it already knows.

The level of maturity of belief in society is seen in the skill to master, deepen and apply the respectable values in religion that they adhere to in their daily lives. Religiosity is the concretization of values created in the individual of a believer who comes from the Islamic religion as the concretization of one's obedience and obedience to Allah SWT as the creator of the universe. Indeed, the religious aspect and the religiosity aspect have such a close relationship. Because these two aspects are essentially the result of the life of every person which has two axes, the axis of individual life and the axis of togetherness in the midst of association in society. Religiosity can be manifested in various parts of life in every person. Religious or religious activities are not only realized when a person carries out worship, but also carries out other activities that are supported by the final power. This is not only related to concrete activities that are visible to the eye, but also to activities that are not visible and intertwined in the human mind. Because the diversity of a person includes various parts or dimensions.

Thus religion is a system that has many dimensions. The results of the study show that in practice, the success of the implementation of health policies in religious communities is highly dependent on the extent to which religious values are accommodated in the communication process and implementation of

health services. Field studies in several communities show that the involvement of religious leaders in socializing medical interventions, such as vaccinations, is able to increase community compliance levels without diminishing respect for their beliefs. In addition, the use of religious symbols and ritual approaches in health education helps build trust and emotional attachment that strengthens acceptance of medical procedures. These findings underscore the importance of an inclusive dialogue between health authorities and religion as an effective strategy to bridge the tension between medical adherence and religious adherence.

This study found that the relationship between health and religion in religious societies is inseparable. The two are intertwined, and often people's decisions to accept or refuse medical services are heavily influenced by religious beliefs. For example, in some cases in the field it was found that people refuse medical procedures such as blood transfusions or vaccinations because they are considered incompatible with religious teachings. This rejection usually arises from the fear of breaking God's rules, even though such medical measures are essential to keeping the soul safe. However, the results of the study also show another positive side. Many people actually accept and support medical measures when health explanations are associated with religious teachings.

A real example can be seen in the vaccination program. At first, there were people who were worried that the vaccine contained haram ingredients so they refused to be vaccinated. But after the Indonesian Ulema Council (MUI) issued a fatwa that vaccines can be used to protect the health of the people, the number of vaccine acceptances increased rapidly. This shows that medical decisions in religious societies are heavily influenced by religious authorities. In addition to vaccination, the issue of contraception and vasectomy has also caused debate among religious communities. Some groups refuse because they consider it contrary to the principle of "rejecting offspring." However, when religious leaders and medical personnel explained that contraception aims to maintain maternal and child health and improve family welfare, some people began to accept.

This kind of dialogical approach is much more effective than a rigid legal approach. In other words, people will be more compliant with medical policy if they feel that religious values are still respected. Another important finding is that the practice of worship in religion actually contains many health values. For example, performing ablution before prayer teaches body hygiene that is in line with medical principles to prevent disease. Regular prayer movements five times a day help to flex muscles, improve blood circulation, and maintain body balance. Ramadan fasting is not only spiritually meaningful, but also proven to be beneficial for body health, such as detoxification, regulating diet, and practicing self-control. This research confirms that religion and health are actually not opposites, but rather reinforce each other.

The results of interviews with several religious leaders show that they see health as part of worship. Maintaining physical health is seen as a form of gratitude for God's favor and a means to strengthen worship. This makes the role of religious leaders very strategic in conveying health messages. When religious

leaders convey that maintaining health is a moral and spiritual obligation, it will be easier for people to understand and accept medical measures. In addition, this study also found that the use of religious symbols in health socialization helps increase public trust. For example, health counseling programs carried out in mosques or using religious terms make people feel closer and trust. This is different from health counseling which only uses medical language without touching on the spiritual aspect, which often feels rigid and difficult to understand by religious communities.

In general, the results of this study confirm that the success of health programs in religious communities is largely determined by the extent to which the policy respects religious values. Health regulations that only emphasize the rule of law are often unsuccessful because they are perceived to ignore the spiritual aspects of society. On the other hand, regulations designed by involving religious leaders, using cultural approaches, and respecting people's beliefs have proven to be more effective in increasing compliance with medical recommendations. Thus, it can be concluded that medical compliance and religious observance are not two contradictory things. The two can go hand in hand if there is good communication, inclusive dialogue, and appreciation for the spiritual values of the community. Health in religious communities will be achieved optimally if medical personnel, the government, and religious leaders work together to build awareness that maintaining health is not only a medical matter, but also worship and moral responsibility to God.

DISCUSSION

Based on the results of the discussion, it can be seen that the relationship between health and religion in religious society cannot be separated. Both are interrelated and have an important role in shaping people's perspectives and behaviors in accepting or rejecting health services. Tension usually arises when a medical procedure, such as vaccination, blood transfusions, or the use of contraception, is considered to be contrary to religious teachings. In such conditions, religious communities tend to prioritize adherence to religious beliefs rather than following medical recommendations, because religion is seen as an absolute guideline for life. However, the state still has the responsibility to ensure the right of every citizen to obtain health services as stipulated in Article 4 paragraph (1) of Law Number 17 of 2023 concerning Health, as well as to uphold religious freedom as guaranteed in Article 28E paragraph (1) of the 1945 Constitution.

Some cases in the field, such as refusal to vaccinate or blood transfusions, point to a potential conflict between medical protocols and religious beliefs. However, when religious institutions such as the Indonesian Ulema Council (MUI) declared that vaccination was allowed for the benefit of the people, the level of public acceptance increased significantly. This shows that a health policy approach that is in line with religious values is more easily accepted by the public than a rigid and one-sided legal approach. Therefore, the role of religious leaders is very important in bridging public understanding, because the information conveyed is not only scientifically based, but also has a strong moral and spiritual

foundation. This discussion also emphasized the importance of a dialogical and inclusive approach between medical personnel and religious leaders.

A good collaboration between the two can create a meeting point between adherence to medical procedures and adherence to religious teachings, so that people do not feel compelled to choose one of them. In this context, health is understood not only as a physical need, but also as part of worship and a form of gratitude for God's favor. This understanding is in line with Islamic teachings which place efforts to maintain health as a form of moral and spiritual responsibility. In addition, health education strategies associated with religious values have been shown to be more effective in building collective awareness. For example, the practice of ablution and fasting in Islam has real health benefits, and this can be used as an approach to instill the importance of clean living and a healthy lifestyle. Thus, religion and health are not two opposites, but rather support and strengthen each other.

In conclusion, legal policies in the health sector that are able to accommodate the spiritual aspects of religious communities will be more acceptable, more effective, and more sustainable. Health law needs to be understood not only as a tool for enforcing rules, but also as a bridge to create harmony between medical obligations and religious values. With a fair, inclusive, and contextual approach, efforts to improve the health of religious communities can be carried out comprehensively and sustainably. It is important to understand that the tension between health law and religious teachings does not only occur in major cases such as vaccinations or blood transfusions, but also in everyday health practices. For example, in the case of the use of medicines containing gelatin from animals that were not slaughtered according to Islamic law, some people refused even though the medicine was urgently needed. This condition confirms that medical authorities need to provide alternatives that are in accordance with halal principles so that religious communities feel safe while not neglecting their health.

In other words, health regulations must also be supported by pharmaceutical innovations that are sensitive to religious needs. In a sociological context, the rejection of medical intervention stems not solely from religious beliefs, but also from a lack of public health literacy. A lack of understanding of medical procedures often heightens fear and creates the perception that medical measures are contrary to religious values. Therefore, efforts to improve religious-based health literacy need to be developed. Education that combines medical narratives and religious postulates has been proven to be more able to reduce resistance, because people will feel that compliance with medical recommendations is part of the practice of faith. The discussion also needs to highlight the role of the state in creating a more formal dialogue space between medical personnel, religious leaders, and the community. Cross-sectoral discussion forums, such as community-based health deliberations, can be used as a means to equalize perceptions.

In the forum, the state is not only present as a regulator, but also as a facilitator who ensures that health policies have legal legitimacy as well as moral legitimacy in the eyes of the public.

In this way, medical compliance is no longer perceived as a form of state coercion, but rather as a collective agreement for the common good. The ethical dimension in health law also cannot be separated from the value of religiosity. The principles of sharia maqashid in Islam, for example, place the protection of the soul (*hifdz al-nafs*) as one of the main purposes of the law. This can be used as a basis to explain that medical interventions aimed at saving lives are basically in line with religious teachings. By prioritizing this ethical and theological approach, health policy will be more acceptable, because people understand that medical compliance is not a form of religious neglect, but a real implementation of God's command to preserve life.

It should be realized that the successful implementation of health laws in religious societies depends not only on formal regulations, but also on the government's ability to build effective public communication. Rigid legal language is often difficult for ordinary people to understand, especially if it is not associated with the religious values they believe in. Therefore, health communication strategies that are packaged in religious narratives, using terms that are familiar to religious communities, will be easier to accept and follow. This shows that health law requires a socio-cultural approach that is in harmony with the context of people's daily lives. Legal alignment with the religious values of the community also needs to be realized in the form of adaptive and responsive policies. For example, in the face of rejection of certain medical procedures, the state can make room for alternative options that are in line with religious principles.

A concrete example is the policy of using halal vaccines or medicines that are certified according to sharia, which not only guarantees health aspects, but also provides a sense of spiritual security. With this alternative, people do not feel forced to choose between obedience to religion or medical safety, but can carry out both in harmony. The long-term implications of integrating religious values into health law are the creation of a more inclusive, humane, and sustainable health system. This system is not only oriented towards the prevention and cure of diseases, but also on the formation of a collective awareness that maintaining health is part of worship and social responsibility. Thus, health policies based on religious values not only generate community compliance, but also foster their active participation in maintaining common health. This will strengthen the legitimacy of health laws while improving the quality of life of religious communities as a whole.

In addition, it is also important to look at the role of education from an early age in building awareness that health and religion are interrelated. The educational curriculum, both in public schools and faith-based educational institutions, can integrate health materials with spiritual values so that the younger generation understands that maintaining cleanliness, living a healthy lifestyle, and receiving medical services is not only a physical need, but also a form of practicing faith. In this way, health regulations are not only complied with because of their nature as state rules, but are also accepted as part of a moral and religious obligation that is deeply rooted in people's lives.

CONCLUSION

In a religious society, human self-development not only depends on potential and exploratory impulses that come from within, but is also strongly influenced by religious values and prevailing social norms. Religion plays a role as the main guideline in directing behavior, including in maintaining health. This raises the need to bridge the gap between compliance with medical advice and adherence to religious teachings so that the application of health law must be able to consider spiritual and moral aspects so that the policies made are not only normatively effective, but also socially and culturally accepted by the community. The harmonization between legal obligations in protecting public health and religious freedom is very important in the context of religious communities. Health regulations that are sensitive to religious values can build a constructive dialogue between medical authorities and spiritual authorities, creating mutual respect and openness. This approach allows for the creation of health services that are fair, inclusive, and in accordance with people's beliefs, thus supporting a healthy lifestyle that not only focuses on the physical aspect, but also involves moral and spiritual responsibility.

In addition, the involvement of religious leaders and community leaders in the process of formulating health policies is needed to ensure that the resulting regulations are not only legal formal, but also have social and cultural legitimacy. Thus, the health policy that is prepared can accommodate the needs and beliefs of religious communities without excluding scientific and medical aspects. This inclusive approach will strengthen public trust in the health system, increase compliance with medical protocols, and encourage the creation of a harmonious balance between legal obligations and religious values in maintaining public health as a whole. This research confirms that in a religious society, health is not only seen as a physical need, but also part of a spiritual obligation. Religion plays an important role in shaping people's mindset and behavior in maintaining health, so medical policies that do not pay attention to religious aspects often cause rejection. Therefore, every health policy should be built on the basis of harmonization between medical science and religious teachings.

Thus, people do not need to feel like they have to choose between maintaining their health or obeying religious teachings, because the two can go hand in hand. In addition, this study also emphasizes the importance of the involvement of religious leaders in the process of education and implementation of health policies. Religious leaders have a strategic position as communicators who are trusted by the public. When they are involved in explaining the importance of medical procedures such as vaccinations, blood donations, or contraception, people are more receptive because they are in line with their spiritual beliefs. This proves that collaboration between medical personnel, policymakers, and religious leaders can create a strong synergy in building health awareness. From a legal point of view, a rigid approach that only emphasizes formal legal aspects has proven insufficient to answer the needs of religious communities. Health regulations must be drafted with a dialogical, inclusive, and sensitive approach to spiritual values. Thus, the law not only functions as a tool of coercion, but also as a means of communication that builds

mutual understanding. If health policies are able to accommodate the diversity of beliefs that exist, then their effectiveness will be higher and can be widely accepted by the public.

This research also provides an overview that religious practices basically already contain health values that are relevant to medical science. By understanding this connection, people will be more convinced that maintaining health is not contrary to faith, but is part of the overall practice of religion. The main conclusion of this study is that harmonization between medical compliance and religious observance is the main key in creating an inclusive, equitable, and sustainable health system in religious societies. If medical personnel are able to convey health messages with respect for religious values, and if religious leaders are willing to be partners in supporting health programs, then people's adherence to medical protocols will increase without sacrificing their spiritual beliefs. As a recommendation, this study encourages the government to be more actively involved in religious leaders in every formulation and socialization of health policies. In addition, an educational program is needed that is not only medical-based, but also associated with religious values so that the community can understand more easily. With these steps, it is hoped that a society that is physically healthy, mentally strong, and spiritually strong will be formed, so that it is able to face health challenges in the present and future.

Table of Multidisciplinary Aspects of Relationship Between Health, Religion, And Practical Law in the Context of Religious Societies

NO	ASPECTS	Variable	Data Description	Information
1	Individual Psychology	Potential & exploratory nature	Humans have innate abilities (potential) and a natural drive to develop (exploratory), including in the context of religion and health.	Theoretical Review
2	Socio-Religious Context	The Influence of Religion on Behavior	Religion influences the way individuals understand health, making a healthy lifestyle a spiritual, not just medical, responsibility.	Literature on Psychology and sociology of religion
3	Law and Health	State Responsibility for Health	The state is obliged to guarantee safe	Health Laws of the Republic of Indonesia

			and affordable health services (Law No. 17 of 2023, Article 4 paragraph 1 & Article 6).	
4	Law and Religion	Freedom of religion	Every individual is free to religion and worship according to his or her beliefs (1945 Constitution Article 28E paragraph 1).	UUD1945
5	Value Tension	Conflict between religious and medical teachings	Cases of refusal of vasectomy, vaccination, or blood transfusions because they are considered contrary to religious beliefs.	Case Studies and Social Observations
6	Medical Practice	Vasectomy in an Islamic perspective	Islam views health holistically, and contraceptive measures need to be studied based on sharia maqashid and medical ethics.	Fiqh literature and medical ethics
7	Research methods	Normative Legal Approach	Secondary Legal Item Analysis; laws and regulations, legal principles, expert opinions to see the legal position of vasectomy in a religious context.	Legal literature review

8	Regulatory Implications	Sensitivity to religious values	Health Law must be dialogical, inclusive, and consider religious values in order to be accepted socially and spiritually.	Multidisciplinary approach
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