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# Reframing ʿUrf and Istiṣlāḥ in Biocultural Governance: Indonesian Halal-Health Movements

**Badrah Uyuni [1,*], Mohammad Adnan [2], Nanda Khairiyah [1], Abdul Hamid [1] and Giri Cahyono [3]**

[1] Faculty of Islamic Studies, Universitas Islam As-Syafi'iyah, Jakarta 17411, Indonesia; nandakhairiyah.fai@uia.ac.id (N.K.); abdulhamid.fai@uia.ac.id (A.H.)

[2] Postgraduate Program, UIN Syarif Hidayatullah Jakarta, South Tangerang 15412, Indonesia; moh.adnan@uinjkt.ac.id (M.A.)

[3] Halal Product Assurance Organizing Agency (BPJPH), Jakarta 13560, Indonesia; gcyono@gmail.com (G.C.)

* Corresponding author. E-mail: badrahuyuni.fai@uia.ac.id (B.U.)

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**ABSTRACT:** This study examines how classical Islamic legal concepts are rearticulated within contemporary Indonesian halal-health governance. Focusing on the concepts of ʿurf (custom) and istiṣlāḥ (public interest), the research investigates how normative traditions are integrated into biomedical regulation and institutional decision-making. Using qualitative textual and discursive analysis, the study analyzes fatwa documents, regulatory guidelines, policy statements, and scholarly writings related to halal pharmaceuticals, vaccination, and health certification. The findings indicate that ʿurf is increasingly mediated through administrative and certification frameworks, while istiṣlāḥ is progressively proceduralized through technical evaluation and performance indicators. Religious authority is reconfigured through interdisciplinary expert networks that combine juristic reasoning with scientific and bureaucratic validation. At the discursive level, Islamic ethical vocabulary is systematically integrated with public health rationality, producing hybrid forms of moral-technical legitimacy. These transformations suggest that halal-health governance operates through negotiated continuity rather than epistemic rupture. Classical legal concepts are neither abandoned nor preserved unchanged; rather, they function as discursive interfaces between tradition and institutional governance. By highlighting the infrastructural conditions of ethical adaptation, this study contributes to a more nuanced understanding of Islamic normativity under contemporary biocultural and regulatory regimes.

**Keywords:** Islamic bioethics; Halal governance; ʿUrf; Istiṣlāḥ; Religious authority; Health regulation; Biocultural governance; Indonesia

## 1. Introduction

In recent decades, the relationship between religion, health, and governance has become a central concern in anthropology, religious studies, and public health research. Scholars have increasingly examined how religious traditions shape ethical reasoning, institutional practices, and public policy in medical and health-related contexts [1,2]. Within Islamic societies, this intersection has been particularly visible in the

rise of halal-health movements, which promote religiously compliant lifestyles through medical services, food regulation, wellness campaigns, and institutional certification systems [3,4]. These developments raise important questions about how Islamic legal concepts are reinterpreted in response to modern forms of biopolitical governance.

A major theoretical debate in contemporary Islamic studies concerns whether modern governance represents a rupture from classical Islamic moral traditions or a transformation through adaptive reinterpretation. One influential position argues that modern state and bureaucratic systems fundamentally reconfigure Islamic normativity, subordinating ethical reasoning to secular administrative rationalities [5,6]. In contrast, other scholars emphasize continuity, arguing that Islamic traditions remain internally dynamic and capable of responding creatively to new social conditions [7,8]. This debate has been especially prominent in discussions of religious authority, ethical subjectivity, and legal reasoning. However, its implications for contemporary health governance have received limited systematic attention.

Recent research has substantially advanced the understanding of religion–health relations in Muslim societies. A first body of scholarship focuses on institutional and managerial dimensions. Studies of shariah hospitals and halal food regulation in Indonesia demonstrate how Islamic values are incorporated into healthcare management and public policy [3,9]. Research on religion and pandemics highlights the psychological and social functions of faith in coping with health crises [10,11]. These works show that religion plays an important role in shaping health practices and public trust. Nevertheless, they often treat Islamic norms as fixed cultural resources, without examining how legal reasoning itself is transformed in these settings.

A second strand of literature examines changing forms of religious authority and mediation. Digital platforms, self-help cultures, and new forms of religious entrepreneurship have reshaped how Islamic knowledge circulates and gains legitimacy [7,12]. Recent studies document how algorithmic systems and institutional networks influence contemporary daʿwa and fatwa production in Indonesia [13]. Similarly, analyses of environmental and ethical fatwas reveal increasing alignment between Islamic jurisprudence and global governance agendas [14]. While these studies illuminate structural transformations, they tend to prioritize technological and political factors over jurisprudential interpretation, leaving classical legal concepts analytically underdeveloped.

A third, emerging approach seeks to integrate biological, cultural, and moral perspectives through holistic and critical medical anthropology [15,16]. Scholars emphasize that health practices are embedded in complex assemblages of power, meaning, and embodiment [17]. Research on migration health ethics and regional governance further highlights the role of religious norms in transnational regulatory frameworks [18]. Although these studies offer valuable interdisciplinary insights, they rarely engage deeply with Islamic legal theory, especially with concepts such as ʿurf (custom) and istiṣlāḥ (public interest reasoning), which historically mediated between normative ideals and social realities. This concept is mentioned in Appendix B.

Despite this growing body of scholarship, a significant conceptual gap remains. Existing studies have examined Islamic authority, institutional governance, and religious health practices largely in isolation. The juridical mechanisms through which local custom and public interest are mobilized within contemporary halal-health movements remain insufficiently theorized. In particular, the interaction between classical uṣūl al-fiqh categories and modern biopolitical rationalities has not been systematically analyzed. As a result, the role of Islamic legal reasoning in legitimizing and shaping health governance remains poorly understood.

This study explores how the concepts of ʿurf and istiṣlāḥ are reinterpreted within Indonesian halal-health movements and examines the extent to which these reinterpretations shape forms of biocultural governance. In particular, it investigates whether and how ʿurf is reconfigured in relation to biomedical and regulatory frameworks, how istiṣlāḥ is mobilized in contemporary health-related decision-making, and how these processes relate to transformations in religious authority and ethical subjectivity. Rather than

assuming a predetermined outcome, the analysis remains open to variation, contestation, and alternative patterns within the empirical materials.

Methodologically, the study employs critical discourse analysis of fatwas, policy documents, institutional guidelines, and public communication materials, combined with qualitative analysis of scholarly and organizational narratives. Theoretically, it integrates classical Islamic legal theory [6,19] with contemporary analyses of biopower and governance [20,21]. This approach allows us to examine how juridical reasoning operates within broader regimes of health regulation and moral discipline. This study adopts a theoretically informed qualitative approach, in which empirical materials are employed as interpretive and illustrative cases rather than as a basis for statistical generalization, but instead to illuminate patterns of normative transformation within specific institutional contexts.

The main aim of this article is to demonstrate that Indonesian halal-health movements function not merely as applications of Islamic law, but as sites where religious normativity, biomedical knowledge, and state regulation are actively negotiated. We argue that ʿurf and istiṣlāḥ operate as mediating concepts that translate Islamic ethics into administratively governable forms. Our findings show that these processes reshape religious authority, normalize specific health practices, and produce new forms of ethical subjectivity. To situate these transformations within a broader intellectual trajectory, it is important to note that historically, the relationship between Islamic legal precepts and health has evolved through dynamic engagements between ethical reasoning, medical knowledge, and socio-political contexts. Classical Islamic scholarship integrated health within the broader objectives of the sharīʿah (maqāṣid al-sharīʿah), particularly through the principle of ḥifẓ al-nafs (preservation of life), which guided legal rulings on hygiene, diet, and medical treatment. Jurists such as al-Ghazālī and al-Shāṭibī conceptualized public welfare (maṣlaḥah) as inherently linked to bodily well-being, framing health as both a moral and legal concern. In the modern period, however, this relationship has undergone a significant transformation.

The rise of biomedical sciences, state regulation, and global health governance has introduced new epistemic authorities and technical rationalities, prompting a rearticulation of Islamic legal reasoning. Contemporary Islamic bioethical discourse increasingly reflects this shift, as juristic deliberation engages with clinical data, risk assessment, and institutional frameworks [22,23]. This historical trajectory illustrates that the connection between Islamic law and health is not static, but continuously reshaped through ethical reflection and contextual adaptation, providing a critical foundation for understanding current halal-health governance. However, despite this historical continuity, the mechanisms through which these concepts operate within contemporary governance remain underexplored. By situating Islamic jurisprudence within biocultural governance, this study contributes to broader debates on religion, health, and modernity and offers a conceptual framework applicable to other Muslim societies facing similar transformations.

## 2. Materials and Methods

### *2.1. Research Design and Philosophical Underpinnings*

This study employed a qualitative hermeneutic–discursive research design integrating critical discourse analysis and conceptual–historical inquiry. This design was selected to address the central research questions concerning how the classical juridical concepts of ʿurf and istiṣlāḥ are reconfigured within contemporary Indonesian halal-health movements and how these reconceptualizations mediate forms of biocultural governance.

Epistemologically, the study was grounded in a hermeneutic–critical realist perspective. It proceeded from the premise that Islamic legal concepts must be understood through a dialogical engagement between their internal normative logic (uṣūl) and their historically contingent applications (furūʿ), while simultaneously recognizing the constitutive role of institutional, political, and biomedical discourses in shaping contemporary interpretations. This approach enabled the analysis to move beyond textual

positivism and normative apologetics, situating juridical reasoning within broader regimes of knowledge and power. The design further drew on interpretive anthropology and critical theory to examine how religious reasoning intersects with health governance, regulatory frameworks, and moral subject formation in late-modern Indonesia.

### *2.2. Data Corpus: Source Selection and Delimitation*

The analytical corpus was structured into three interrelated tiers.

#### 2.2.1. Tier 1: Contemporary Academic Literature

A systematic literature search was conducted between January and April 2025 using Scopus, JSTOR, DOAJ, Google Scholar, and ProQuest. Search strings included combinations such as: "halal health AND Indonesia", "Islamic bioethics and governance", "religion and public health and Southeast Asia", "religious authority and health regulation". Inclusion criteria comprised peer-reviewed journal articles and scholarly monographs published between 2020 and 2025, written in English, Indonesian, or Arabic, and indexed in Scopus, Web of Science, or SINTA (minimum SINTA 2). This process yielded a corpus of 28 journal articles and 9 monographs addressing Islamic health ethics, halal regulation, religious authority, and medical anthropology.

#### 2.2.2. Tier 2: Classical Conceptual Sources

Classical Islamic legal texts were consulted as conceptual foundations rather than as empirical data. These included al-Shāṭibī's *al-Muwāfaqāt fī Uṣūl al-Sharīʿah*, al-Ghazālī's *Iḥyāʾ ʿUlūm al-Dīn*, selected works on maqāṣid and istiṣlāḥ. These sources provided the normative and epistemological frameworks for understanding ʿurf, maṣlaḥah, and istiṣlāḥ as juridical reasoning tools. They were used to derive analytical categories and interpretive benchmarks for examining contemporary discourse.

#### 2.2.3. Tier 3: Primary Discursive Materials

The primary data comprised contemporary Indonesian halal-health discourses produced between 2018 and 2024, including policy documents and guidelines from the Indonesian Council of Ulama (MUI) on halal certification and health products; Regulatory texts from the Halal Product Assurance Agency (BPJPH); Public statements and reports from Shariah hospitals and Islamic healthcare institutions; Published fatāwā and advisory opinions on medical and dietary issues; Digital media publications from Islamic health advocacy platforms. The corpus consisted of 74 documents and digital texts selected based on institutional relevance, public circulation, and explicit engagement with health and halal regulation. Key documents analyzed include selected fatāwā issued by the Indonesian Council of Ulama (MUI) on vaccination and pharmaceutical products (e.g., COVID-19 vaccination fatwas and related biomedical rulings), regulatory guidelines from the Halal Product Assurance Agency (BPJPH) on halal certification, and institutional publications from Islamic healthcare providers, including sharia-compliant hospitals. These materials were selected for their institutional authority, public relevance, and explicit engagement with halal-health governance.

#### 2.2.4. Exclusion Criteria

Excluded materials included non-peer-reviewed opinion blogs, anonymous social media content, sources without clear authorship, and materials in languages inaccessible to the researcher. Popular religious sermons lacking documentary permanence were also excluded.

### *2.3. Analytical Procedure: From Data to Argument*

The analytical process was conducted in two sequential phases.

#### 2.3.1. Phase 1: Systematic Coding and Categorization

All Tier 3 documents were imported into NVivo 14 (QSR International, 2024) for qualitative data management and analysis. A hybrid coding strategy was employed, combining deductive and inductive approaches.

Deductive codes were derived from classical legal concepts and theoretical frameworks, including:

- Code: ʿUrf—references to customary practice;
- Code: Istiṣlāḥ—appeals to public benefit;
- Code: Maṣlaḥah ʿĀmmah—collective welfare;
- Code: Sharʿī Legitimacy—claims of religious authorization;
- Code: Biomedical Rationality—scientific or clinical justification.

Inductive codes emerged from repeated readings of the corpus, such as "consumer morality", "risk management", and "institutional trust". Coding reliability was enhanced through iterative refinement and peer consultation with two specialists in Islamic law and medical anthropology.

#### 2.3.2. Phase 2: Hermeneutic–Contextual Interpretation

Coded segments were subsequently subjected to hermeneutic–contextual analysis. This phase involved (a) tracing semantic shifts in key terms such as ʿurf, sehat (health), and halal; (b) reconstructing argumentative patterns linking religious norms to biomedical rationalities; (c) situating discursive strategies within institutional, political, and economic contexts. Interpretation was informed by secondary literature on religious authority, biopower, and medical anthropology. Analytical memos were maintained to document evolving interpretations and theoretical linkages.

### *2.4. Ethical Considerations and Positionality*

As a textual and documentary study, this research did not involve human participants and therefore did not require formal ethical clearance. Ethical considerations focused on faithful representation, contextual integrity, and avoidance of selective quotation. All institutional documents were obtained from publicly accessible sources. Copyright regulations and citation standards were strictly observed.

#### Positionality Statement

The analysis was conducted from the standpoint of a scholar trained in Islamic studies and social theory, engaging critically with both normative Islamic traditions and contemporary governance frameworks. This positionality entails familiarity with internal jurisprudential reasoning alongside an analytical distance shaped by interdisciplinary academic practice. The researcher acknowledges that this dual positioning informed interpretive priorities and conceptual framing.

### *2.5. Limitations and Validation Strategies*

Several limitations characterized this study. First, the corpus was restricted to publicly available institutional and digital materials, potentially excluding informal or localized practices. Second, language constraints limited engagement with some Arabic and regional sources. Third, interpretive analysis inherently involves subjective judgment.

To enhance methodological rigor and trustworthiness, multiple validation strategies were employed, including triangulation, peer debriefing, audit trail, and reflexive documentation. Coding schemes and interpretive claims were reviewed with senior scholars in Islamic law and anthropology, while a comprehensive audit trail documenting search strategies, selection criteria, coding structures, and analytical memos was maintained throughout the research process. In addition, reflexive notes were systematically

used to monitor analytical assumptions and potential biases. These measures strengthened the transparency, replicability, and analytical robustness of the study.

## 3. Theory/Calculation

This study develops an integrative biocultural-legal discourse model to explain how classical Islamic legal concepts are transformed within contemporary halal-health governance in Indonesia. The model synthesizes insights from socio-legal theory [5,24], Islamic legal studies [6,19,25], and anthropological analyses of governance and expertise [15–17].

Contemporary scholarship has demonstrated that modern regulatory regimes reshape religious normativity through bureaucratic rationalization and epistemic specialization [5,7,12]. At the same time, maqāṣid-oriented and ethical reformist approaches emphasize the adaptability of Islamic law through concepts such as maṣlaḥah and ḥifẓ al-nafs [22,25]. However, empirical studies of Islamic institutions in Southeast Asia suggest that these normative ideals are mediated through organizational routines, professional networks, and policy frameworks [3,8,13,26]. Building on this literature, the present study conceptualizes halal-health governance as a dynamic interaction between three primary dimensions: classical legal reasoning, institutional mediation, and biomedical rationality.

This relationship may be expressed as:

$$(\text{ʿUrf} + \text{Istiṣlāḥ}) \times \text{Institutional Mediation} \rightarrow \text{Biocultural Governance} \quad (1)$$

where ʿurf represents socially embedded normative practices [19], istiṣlāḥ denotes public-interest reasoning grounded in maqāṣid al-sharīʿah [19,24], and institutional mediation refers to regulatory, bureaucratic, and professional infrastructures [3,7,15]. Biocultural governance signifies the integrated management of religious ethics, bodily health, and population welfare within modern administrative systems [15,20].

Equation (1) indicates that classical concepts do not operate independently but are transformed through institutional mechanisms. Without mediation, ʿurf and istiṣlāḥ remain localized and interpretive. Through regulatory embedding, they acquire standardized and proceduralized forms.

The model further specifies that institutional mediation itself is shaped by epistemic authority and technoscientific validation [7,12,16]. This interaction can be represented as:

$$\text{Institutional Mediation} = \text{Regulatory Frameworks} + \text{Expert Networks} + \text{Scientific Metrics} \quad (2)$$

where regulatory frameworks include certification systems and health policies [3,4,9], expert networks encompass jurists, physicians, and administrators [13,14], and scientific metrics refer to epidemiological and performance indicators [2,10,18]. The simplified formulation presented here is further elaborated in an extended analytical model in Appendix A.

Combining Equations (1) and (2), the analytical framework suggests that transformations in Islamic legal reasoning occur through multi-layered negotiations between normative traditions and governance technologies. This framework enables systematic analysis of three interrelated processes. First, it captures semantic shifts in ʿurf and istiṣlāḥ as they are recontextualized within administrative discourse [8,11]. Second, it explains the reconfiguration of religious authority through interdisciplinary validation and procedural legitimacy [7,13,16]. Third, it accounts for the integration of ethical and biomedical vocabularies in public health communication [10,18,20]. Methodologically, this model aligns with hermeneutic and critical discourse approaches by treating legal concepts as historically situated and socially productive categories [24,27]. It also resonates with anthropological perspectives that emphasize institutional hybridity and governance assemblages [15,17]. The theoretical framework thus provides an operational structure for interpreting the empirical findings. It clarifies how institutional environments shape the normative content of Islamic law, how expertise redistributes authority, and how ethical language

is recalibrated under biopolitical conditions [20,21]. By formalizing these relationships, the model supports cumulative analysis across different sites of halal-health governance.

## 4. Results

This section presents the principal analytical findings derived from the textual, discursive, and institutional analysis of Indonesian halal-health movements. The findings are organized into four interrelated thematic dimensions that reflect the major conceptual patterns and tensions that emerged from the data.

### *4.1. The Contextual Reorientation of ʿUrf in Contemporary Halal-Health Governance*

The analysis indicates a recurrent pattern in which ʿurf is reconfigured from a localized social convention into a legitimizing framework for standardized health governance. Classical jurists conceptualized ʿurf as a socially embedded practice that gains normative recognition when it does not contradict established legal principles. Al-Qarāfī, for instance, states: "*al-ḥukmu yadūru maʿa al-ʿurf wujūdan wa ʿadaman*" (legal rulings revolve around custom in existence and absence), emphasizing its contextual character [1]. Similarly, Ibn ʿĀbidīn defines valid custom as practices rooted in communal continuity rather than administrative regulation [2].

In contemporary Indonesian halal-health discourse, however, ʿurf is increasingly invoked to justify institutional standardization. Regulatory documents and fatāwā repeatedly frame "public health habits", "consumer expectations", and "national medical protocols" as forms of "recognized custom" [3,4]. For example, BPJPH certification guidelines frequently treat standardized industrial practices in pharmaceutical production as a form of "recognized custom" (ʿurf), insofar as they are widely adopted and institutionally regulated, thereby extending the meaning of ʿurf beyond its classical communal basis into a bureaucratically validated norm. This shift is evident in the frequent coupling of ʿurf with terms such as "compliance", "certification", and "quality control", suggesting its alignment with bureaucratic rationality. In addition, several fatāwā concerning pharmaceutical certification describe prevailing industrial procedures as "ʿurf ṣaḥīḥ" (valid custom) based on their widespread acceptance and regulatory approval [5]. Rather than emerging organically from community practice, custom is here constructed through institutional validation.

However, this reorientation is not uniform. A counter-discourse appears in pesantren-based scholarly writings, which caution against equating administrative norms with socially grounded ʿurf [6]. These texts emphasize that routinized compliance does not automatically translate into juristic legitimacy. This divergence highlights an unresolved tension between socially embedded and institutionally mediated conceptions of custom, preparing the ground for examining how istiṣlāḥ operates within this reconfigured normative environment.

### *4.2. The Proceduralization of Istiṣlāḥ in Biomedical and Regulatory Reasoning*

A second major result concerns the transformation of istiṣlāḥ from a substantively moral principle into a procedural tool for policy legitimation. Classical formulations situate istiṣlāḥ within a teleological framework oriented toward the preservation of the maqāṣid al-sharīʿah. Al-Shāṭibī emphasizes that public interest must remain subordinate to universal principles (*qawāʿid kulliyyah*) and moral coherence [7]. He writes: "*al-maṣlaḥah innamā tuʿtabaru idhā shāhadat lahā al-uṣūl*" (public interest is valid only when supported by foundational principles) [7]. In contrast, contemporary halal-health documents frequently deploy istiṣlāḥ in procedural terms. Policy guidelines and ethical statements frame maslaḥah as measurable outcomes such as "risk reduction", "efficiency", and "economic sustainability" [8,9]. The analysis indicates that istiṣlāḥ is increasingly embedded within evaluative matrices, cost-benefit analyses, and performance indicators.

For instance, regulatory fatāwā addressing vaccine permissibility justify rulings by referencing "statistical benefit", "population immunity", and "system resilience", often without extended engagement

with moral prioritization frameworks [10]. For example, in the Indonesian Council of Ulama (MUI) fatwas on COVID-19 vaccination, permissibility is explicitly grounded in considerations of public health necessity (ḍarūrah) and collective immunity, demonstrating how istiṣlāḥ is operationalized through epidemiological reasoning and risk assessment. Here, maslaḥah functions primarily as a validation mechanism for technical decision-making. Nevertheless, resistance to this proceduralization persists. Several contemporary scholars explicitly reaffirm the hierarchical structure of interests (ḍarūriyyāt, ḥājiyyāt, taḥsīniyyāt) and criticize what they describe as "instrumental reductionism" [11]. These authors insist that quantitative indicators cannot substitute for qualitative moral reasoning. This divergence suggests that istiṣlāḥ currently operates within a dual register: as a technical instrument of governance and as a contested ethical principle. This duality intersects directly with transformations in religious authority.

### *4.3. Reconfiguring Religious Authority in Halal-Health Expertise Networks*

The results further demonstrate a significant reconfiguration of religious authority within halal-health governance, marked by the emergence of hybrid epistemic actors. Traditionally, juristic authority was grounded in mastery of uṣūl al-fiqh, textual transmission, and scholarly lineage (isnād) [12]. Authority was primarily associated with individual mujtahids and recognized scholarly institutions.

Contemporary halal-health governance, however, is characterized by multi-disciplinary expert panels comprising jurists, physicians, pharmacists, and regulatory officials [13]. Fatāwā and guidelines frequently cite "joint deliberation", "scientific validation", and "interdisciplinary consensus" as sources of legitimacy [14]. For instance, official MUI deliberations on biomedical issues often involve collaboration with medical experts and government agencies, where juristic conclusions are presented alongside clinical data and public health recommendations, reflecting a hybrid model of authority grounded in both religious reasoning and scientific validation.

Discourse analysis reveals consistent rhetorical patterns in which religious rulings are framed as "evidence-based", "peer-reviewed", and "technically sound". For example, official statements often present juristic conclusions alongside laboratory data and epidemiological statistics, producing what may be described as "technoscientific authorization" [15]. This shift is further reflected in the growing prominence of institutional spokespersons and certification bodies, whose authority derives from procedural transparency and regulatory recognition rather than individual scholarly reputation [16]. However, the data also reveal competing models. Independent scholars and pesantren networks continue to emphasize personal scholarly credibility and classical training as primary sources of legitimacy [17]. Some explicitly critique what they term "bureaucratized fatwa production", arguing that institutional processes risk marginalizing normative deliberation.

The coexistence of these models generates a fragmented authority landscape, in which legitimacy is negotiated across religious, scientific, and administrative domains. This fragmentation shapes how ethical language is mobilized in public discourse.

### *4.4. The Discursive Integration of Religious Ethics and Public Health Rationality*

The final thematic result concerns the emergence of an integrated discourse combining Islamic ethical vocabulary with public health rationality. Across policy documents, sermons, and educational materials, recurring collocations appear between religious terms (ḥifẓ al-nafs, amānah, masʾūliyyah) and biomedical concepts (prevention, surveillance, risk management) [18,19]. This linguistic convergence constructs a hybrid moral-technical framework. For example, health campaigns frequently frame vaccination and medical compliance as acts of "preserving life" (ḥifẓ al-nafs) and "fulfilling trust" (amānah), linking individual behavior to collective moral responsibility [20]. Similarly, halal certification materials present regulatory adherence as both legal obedience and ethical stewardship.

Rhetorically, this discourse relies on framing strategies that naturalize institutional policies as religious imperatives. Policy recommendations are often introduced through Qurʾanic citations or prophetic traditions, followed by technical explanations, creating a seamless narrative between revelation and regulation [21]. Yet, this integration is not uncontested. Alternative discourses emphasize spiritual agency, divine reliance (tawakkul), and moral autonomy, occasionally questioning the moral absolutization of biomedical rationality [22]. These voices do not reject public health measures but seek to reassert metaphysical dimensions within ethical deliberation. The analysis suggests that halal-health discourse operates through selective synthesis, in which religious and scientific languages are combined while preserving underlying epistemic hierarchies. This synthesis reflects broader negotiations between normative tradition and modern governance.

Taken together, the findings reveal four interrelated patterns. First, ʿurf is increasingly mediated through institutional frameworks. Second, istiṣlāḥ is progressively proceduralized within regulatory reasoning. Third, religious authority is reconstituted through interdisciplinary expertise networks. Fourth, ethical discourse integrates religious and biomedical rationalities through hybrid framing strategies. At the same time, each transformation remains internally contested. Counter-discourses consistently reassert classical hierarchies, moral prioritization, and individualized scholarly authority. These tensions indicate that Indonesian halal-health movements are characterized not by linear modernization but by ongoing epistemic negotiation. These results provide the empirical foundation for interpreting how Islamic legal concepts are rearticulated within contemporary biocultural governance structures. These patterns are summarized in Table 1, which illustrates the reconfiguration of classical concepts within contemporary halal-health governance.

**Table 1.** Reconfiguration of Classical Concepts in Halal-Health Governance.

| Classical Concept | Classical Function | Contemporary Application | Governance Effect |
|---|---|---|---|
| ʿUrf | Socially embedded custom | Regulatory compliance standard | Institutional legitimation |
| Istiṣlāḥ | Moral-teleological reasoning | Risk-benefit evaluation | Policy justification |
| Authority | Individual mujtahid | Expert panels | Technocratic legitimacy |
| Ethics | Normative guidance | Health compliance discourse | Moral regulation |

## 5. Discussion

The findings of this study indicate that Indonesian halal-health movements are best understood not as a linear transition from religious tradition to biomedical modernity, but as a sustained process of conceptual reconfiguration. Classical legal categories such as ʿurf and istiṣlāḥ are neither displaced nor preserved in their traditional forms. Instead, they are selectively recalibrated within regulatory, institutional, and biomedical frameworks. This process produces a mode of governance in which Islamic normativity is continuously translated into administrative and technical languages, allowing it to remain socially credible while undergoing structural transformation.

The significance of these results lies in demonstrating how religious concepts retain normative authority under conditions of bureaucratic rationality. Rather than experiencing epistemic rupture, halal-health governance operates through negotiated continuity. Classical concepts function as mediating devices that enable institutional actors to align religious legitimacy with public health objectives. This reveals that infrastructural conditions, including certification systems, expert committees, and performance-based regulation increasingly shape normativity in contemporary Islamic governance. Religious reasoning is therefore embedded within organizational environments that redefine its modes of operation.

This embeddedness has important implications for understanding authority. The study shows that interdisciplinary collaboration, while expanding the epistemic base of decision-making, also reinforces procedural standardization. Religious authority is no longer grounded primarily in individual scholarly

mastery, but in institutional credibility and technical validation. As a result, authority is reconfigured rather than decentralized. It circulates through networks of scholars, medical professionals, and administrators, producing hybrid forms of legitimacy that combine moral reasoning with technocratic accountability.

The findings further suggest a transformation in the conceptual function of istiṣlāḥ and ʿurf. Traditionally situated within moral-teleological and socially embedded frameworks, these concepts increasingly operate as discursive interfaces between ethical traditions and governance technologies. Istiṣlāḥ functions as a legitimizing register through which technical decisions are morally framed, while ʿurf serves as a category through which institutional norms acquire religious intelligibility. This shift implies that these concepts should be analyzed less as stable doctrinal tools and more as sites of ongoing negotiation between normative ideals and regulatory demands.

From a broader theoretical perspective, the study highlights the importance of attending to institutional infrastructures in analyses of legal and ethical adaptation. Interpretive change does not occur solely through hermeneutic innovation or ethical contextualization, but is shaped by organizational routines, certification procedures, and expert validation mechanisms. By foregrounding these conditions, the analysis redirects attention from individual interpretive acts to the structural environments that condition interpretive possibility.

The implications for Islamic thought are significant. The proceduralization of legal reasoning suggests a gradual reorientation of uṣūl al-fiqh toward governance-compatible rationalities. Classical categories continue to structure moral discourse, but their epistemological status is altered. They increasingly function as justificatory resources within regulatory systems rather than as autonomous moral frameworks. This development invites renewed reflection on the relationship between maqāṣid, institutional authority, and ethical reasoning in contemporary jurisprudence.

In terms of religious practice and knowledge production, the findings indicate a shift in how legitimacy is recognized. Scholarly authority now operates alongside bureaucratic and technical forms of validation. While traditional modes of learning and transmission remain influential, they coexist with institutionalized mechanisms of authorization. This pluralization reshapes expectations regarding who may legitimately define religious norms in health-related contexts and how such norms circulate within society.

For public policy, the analysis underscores the internal diversity and reflexivity of Islamic ethical discourse. Halal-health governance does not represent a unified moral project, but a field of ongoing negotiation over authority, expertise, and moral prioritization. Policymakers engaging with Islamic institutions must therefore navigate heterogeneous interpretive traditions rather than assume the existence of a singular religious consensus.

These findings also resonate with broader anthropological and sociological discussions concerning Islamic modernity, ethical subject formation, religious authority, institutional mediation, and the negotiation of moral life in contemporary Muslim societies [28–30].

Several limitations should be acknowledged. The study relies primarily on textual and institutional sources, limiting insight into everyday clinical and communal practices. Its focus on Indonesian Sunni institutions also constrains generalization to other contexts. In addition, limited access to informal digital and oral interactions may obscure alternative modes of norm negotiation.

Future research could address these limitations through ethnographic studies of healthcare institutions and certification agencies, comparative analyses across regions, and longitudinal examinations of institutional discourse. Such approaches would deepen understanding of how proceduralization and hybrid authority evolve over time.

In conclusion, this study demonstrates that Indonesian halal-health movements represent a distinctive form of normative transformation in which classical Islamic concepts are rearticulated through institutional and biomedical infrastructures. By showing how ʿurf and istiṣlāḥ operate as interfaces between tradition and governance, the analysis contributes to a more nuanced understanding of Islamic normativity under contemporary biocultural conditions. These developments reflect ongoing epistemic negotiations that will

continue to shape Islamic ethical reasoning in public life. These findings are context-specific and should not be generalized beyond the Indonesian case without further comparative investigation. The institutional configurations, regulatory frameworks, and forms of religious authority examined in this study are shaped by particular socio-political and cultural conditions that may differ significantly across other Muslim societies.

## 6. Conclusions

This study has examined how Indonesian halal-health movements reconfigure classical Islamic legal concepts within contemporary biomedical and regulatory environments. It demonstrates that ʿurf and istiṣlāḥ are neither marginalized nor preserved in static forms, but are systematically rearticulated through institutional infrastructures, expert networks, and governance mechanisms. Rather than reflecting a simple transition from tradition to modernity, halal-health governance emerges as a field of negotiated continuity shaped by bureaucratic rationality and technoscientific authority.

The findings show that classical concepts increasingly function as discursive interfaces that mediate between normative traditions and administrative requirements. Through processes of proceduralization and interdisciplinary validation, religious reasoning is embedded within organizational frameworks that reshape its epistemological status and social authority. This transformation produces hybrid forms of legitimacy that combine moral justification with technical accountability.

By foregrounding the infrastructural conditions of legal and ethical adaptation, this study advances a biocultural-legal perspective on contemporary Islamic normativity. It highlights how interpretive change is conditioned not only by hermeneutic innovation but also by institutional arrangements and regulatory practices. This approach contributes to a more nuanced understanding of how Islamic ethical reasoning operates under modern governance regimes.

Overall, the study suggests that halal-health movements in Indonesia exemplify an ongoing process of epistemic negotiation in which tradition and governance are continuously recalibrated. These dynamics are likely to remain central to the future development of Islamic ethical discourses in public health and related domains.

## Appendix A

This appendix provides an extended analytical formulation of the integrative biocultural-legal discourse model employed in this study. Unlike the simplified representation presented in the main text, this formulation specifies the internal functional relationships and operational dimensions of the model. The interaction between classical Islamic legal reasoning and institutional governance is analytically expressed as:

$$\text{Biocultural Governance} = (\text{ʿUrf, Istiṣlāḥ, Institutional Mediation, Biomedical Rationality}) \quad \text{(A1)}$$

where ʿUrf represents socially embedded normative practices, and istiṣlāḥ denotes public-interest reasoning grounded in maqāṣid al-sharīʿah.

Institutional mediation is further specified as:

$$\begin{aligned}\text{Institutional Mediation} = {} & (\text{Regulatory Authority} \times \text{Compliance Mechanisms}) \\ & + (\text{Expert Networks} \times \text{Epistemic Legitimacy}) \\ & + (\text{Scientific Metrics} \times \text{Policy Evaluation})\end{aligned} \quad \text{(A2)}$$

In this formulation, regulatory authority refers to formal certification systems and health policy frameworks; expert networks encompass jurists, physicians, and administrative actors; and scientific metrics denote epidemiological indicators and performance-based evaluation systems. Regulatory frameworks include certification systems and health policies, expert networks encompass jurists, physicians, and administrators, and scientific metrics refer to epidemiological and performance indicators.

Equations (A1) and (A2) demonstrate that classical legal concepts are transformed through organizational and technoscientific infrastructures, producing hybrid regimes of religious and biomedical governance.

## Appendix B

This appendix provides detailed operational definitions of core analytical concepts.

### *Appendix B.1. ʿUrf (Custom)*

In this study, ʿurf is defined as socially recognized practices that acquire juridical relevance through collective acceptance and institutional validation. Contemporary usage reflects increasing alignment with regulatory norms.

### *Appendix B.2. Istiṣlāḥ (Public Interest Reasoning)*

Istiṣlāḥ refers to juristic reasoning oriented toward collective welfare. In contemporary governance, it operates through procedural and technocratic mechanisms.

### *Appendix B.3. Biocultural Governance*

Biocultural governance denotes the integrated management of biological life, ethical norms, and population welfare through regulatory and religious infrastructures.

### *Appendix B.4. Hybrid Religious Authority*

Hybrid authority refers to legitimacy produced through the interaction of juristic expertise, scientific validation, and bureaucratic recognition.

## Statement of the Use of Generative AI and AI-Assisted Technologies in the Writing Process

During the preparation of this manuscript, the author(s) used ChatGPT (OpenAI) for language refinement, grammar improvement, and academic editing assistance. After using this tool, the author(s) reviewed and edited the content as needed and take full responsibility for the content of the published article.

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## Author Contributions

Conceptualization, B.U.; Methodology, N.K.; Software, B.U. and N.K.; Validation, B.U., G.C. and M.A.; Formal Analysis, B.U.; Investigation, M.A.; Resources, B.U., M.A. and N.K.; Data Curation, B.U. and G.C.; Writing—Original Draft Preparation, B.U. and A.H.; Writing—Review and Editing, B.U.; Visualization, M.A.; Supervision, B.U.; Project Administration, N.K.; Funding Acquisition, M.A.

## Ethics Statement

Ethical review and approval were waived for this study, as the research was based on documentary analysis, publicly available materials, institutional reports, and non-invasive qualitative sources, and did not involve direct intervention with human participants or animals.

## Informed Consent Statement

Not applicable.

## Data Availability Statement

The data presented in this study are derived from publicly available documents, institutional reports, regulatory publications, and archival sources. Additional analytical materials generated during the study are available from the corresponding author upon reasonable request.

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## Declaration of Competing Interest

The author declares that there are no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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