

The Elements of Maqasid Shariah in the Childbirth Management Procedure by Male Caregivers

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Abstract

Healthcare services, especially in childbirth management, are a crucial aspect of society that must be carried out with full responsibility and adherence to high professional ethics. One of the issues that often becomes a topic of discussion is the involvement of male nurses in childbirth procedures, which requires an evaluation of the appropriateness of ethics and culture within the context of Islamic society. In Islam, the protection of individual dignity, honor, and safety is a value that is highly guarded, and this is enshrined in the maqasid shariah, which aims to protect religion, life, intellect, lineage, and property. Therefore, this article will analyze the application of maqasid shariah principles that can influence the childbirth management procedures by male nurses, especially in safeguarding the dignity of patients and meeting ethical needs in healthcare services. This study uses a qualitative approach by conducting content analysis on medical documents and interviews to gather insights into childbirth procedures involving male nurses. The analysis also includes professional guidelines and relevant fatwas. The findings of the study indicate that the application of maqasid shariah elements, namely the preservation of life and dignity, during childbirth procedures by male nurses is crucial in maintaining the honor, safety, and comfort of patients, as well as ensuring that medical practices align with Islamic principles.

Keywords: Male Nurses, Childbirth Management, Medical Ethics, Maqasid Shariah

Introduction

Healthcare services, especially in maternal and child care, play an important role in society. One of the key aspects of maternal care is the childbirth management procedure, which requires special attention to ensure the safety and well-being of both the mother and the baby (Rahman & Ahmad, 2020). In this context, the involvement of male nurses in childbirth procedures often raises ethical and cultural questions, especially in societies that emphasize the values of Islam. The involvement of male nurses needs to be viewed from a broader

perspective, including an understanding of the principles of *maqasid shariah*, which serve as an essential foundation in health management in Islam (Ab Rahman & Ahmad, 2021; Lubis et al., 2022).

Maqasid shariah refers to the primary objectives of Islamic law, which aim to protect five fundamental aspects: religion, life, intellect, lineage, and property (Al-Raysuni, 1999). In the context of childbirth management procedures, the principles of *maqasid shariah* must be considered to ensure the protection of dignity, honor, and the safety of individuals, particularly women in labor (Mansor, 1999). This protection is crucial to ensure that the involvement of male nurses in childbirth management follows guidelines that align with Islamic values, emphasizing the comfort and dignity of the patient (Al-Ruhawi, 1992).

In Islamic society, there are various perspectives regarding the appropriateness of male nurses' involvement in childbirth procedures. While the involvement of male nurses is permitted under certain conditions, such as a shortage of female nurses, ethics and the principles of *maqasid shariah* must still be upheld (Jam'iyah Al-Alamiyah Al-Saudiyyah lil Dirasat Al-Tibbi Al-Fiqhiyyah, 2010). This involvement requires an emphasis on the dignity and honor of the patient, as well as the need to ensure safety and privacy throughout the childbirth process (Abdullah Al-Jubair, 2015). Therefore, it is crucial to examine how the elements of *maqasid shariah* are applied in this procedure to ensure that religious needs and professional health ethics are fulfilled.

The application of *maqasid shariah* principles in medical practice is an important step to ensure that every procedure is carried out with full responsibility and followed ethical standards (Mustaqim Roslan, 2024). By evaluating the aspects of *maqasid shariah*, this approach can help strengthen the relationship between patients and healthcare professionals, while ensuring that religious values and ethics are preserved. The success of integrating these principles not only enhances public trust in the healthcare system but also guarantees the implementation of medical practices that align with religious and cultural needs (Al-Fasi & Al-Husni, 2013). This article will analyze how elements of *maqasid shariah* can be applied to achieve treatment goals without neglecting the principles of Islamic law.

Methodology

This study uses a qualitative approach to gain a deeper understanding of the application of *maqasid shariah* elements in the childbirth management procedures by male nurses. Additionally, the study also analyzes professional guidelines related to medical ethics and the involvement of male nurses in childbirth procedures. Fatwas issued by scholars, as well as guidelines set by health professional bodies, are also examined to assess the appropriateness of male nurses' involvement in the context of *maqasid shariah*. The analysis aims to link medical practices with Islamic principles and provide a clear understanding of the integration between medical ethics and *shariah* in the healthcare sector. Thus, this study seeks to provide more practical and relevant guidance in implementing childbirth management procedures by male nurses within the Muslim community.

Results and Discussion

Protection of the Dignity and Honor of the Patient

The protection of the dignity and honor of the patient is a key element emphasized in the analysis of *maqasid shariah* concerning childbirth procedures handled by male nurses. In Islam, the dignity and honor of an individual, especially women, are highly safeguarded. This is clearly stated in the principle of *hifz al-'ird* (protection of honor), which emphasizes the importance of maintaining modesty and avoiding situations that could tarnish one's dignity (Mustaqim Roslan, 2024). Therefore, childbirth management by male nurses is only permitted in emergency situations or when no qualified female caregivers are available to handle the case. This measure is taken to ensure that this principle is upheld in line with Islamic values (Abdul Aziz, 1988).

In medical context, emergency situations are recognized as conditions that allow something that is originally prohibited to be permitted, but under certain conditions (Mohammad Khairul et al., 2023). For example, if there is no female nurse available to handle the childbirth procedure, a male nurse may be involved, provided that it is done professionally and only within the scope of necessity. However, this involvement must be monitored to ensure that no violation of the principles of dignity and honor occurs. This is important to ensure that the principle of *hifz al-'ird* is respected, even in critical situations (Al-Zuhayli, 1985).

From the perspective of implementation, the protection of the dignity of female patients during childbirth procedures requires male caregivers to take precautions. Among these include ensuring that only the parts of the body necessary for treatment are exposed. This is in line with Islamic teachings that emphasize the concept of safeguarding modesty as part of the protection of honor (Mansor, 1999). Male caregivers must also maintain polite communication and avoid any actions that could cause discomfort to the patient (Abdullah Al-Jubair, 2015). By doing so, the sensitivity towards the patient's dignity is preserved.

In addition, the role of healthcare institutions is crucial in providing a working environment that supports the principle of *hifz al-'ird* (Dahalan et al., 2018). Hospitals or health centers need to organize staff schedules by ensuring priority is given to female caregivers to handle childbirth cases (Ishak et al., 2020). In cases involving male caregivers, measures such as the presence of a mahram or another female caregiver as a chaperone should be taken to alleviate concerns and protect the reputation of the healthcare service itself. This structure reflects a collective effort in preserving the patient's honor (Siti Khatijah et al., 2022).

In conclusion, the protection of the dignity and honor of the patient is a crucial element that must be upheld in the management of childbirth by male caregivers. Even in emergency situations, this principle cannot be neglected, and additional measures must be taken to ensure its implementation (Siti Khatijah & Nadhirah, 2018). Therefore, male caregivers can manage the childbirth process without compromising the patient's dignity when supported by clear shariah guidelines, a professional approach, and the support systems of healthcare institutions. This principle not only fulfills religious requirements but also enhances public confidence in healthcare services.

Priority of Life Safety and Patient Well-being

The priority of life safety and patient well-being is a fundamental principle in maqasid shariah concerning childbirth procedures handled by male caregivers. The principle of *hifz al-nafs* (protection of life) emphasizes that the safety and well-being of the mother and child are the top priority in every medical procedure, including childbirth (Fahad Isa, 2011). In critical situations, when the patient's life is in danger, Islam permits actions that may originally be prohibited, including the involvement of male caregivers in childbirth procedures to save lives (Siti Fatimah, 2024). This situation represents a form of flexibility in shariah, adapted to the needs of reality and emergencies (Al-Zuhayli, 1985).

In the context of childbirth, serious complications can occur, such as severe bleeding, difficulties during delivery, or the need for emergency procedures like surgery. If no female caregiver is available or sufficiently experienced to handle the situation, male caregivers are permitted to take over to ensure the safety of both the mother and the baby (Ibrahim & Abdullah Baz, 2013). This aligns with the principle that the preservation of life takes precedence over other matters, including gender considerations in emergency situations. The involvement of male caregivers in such cases should be viewed as a step to protect life, not as a violation of other principles (Nasir, 2013).

Although priority is given to the safety of life, measures should still be taken to minimize violations of the patient's dignity. For instance, male caregivers are only permitted to perform what is absolutely necessary to save a life without overstepping boundaries (Siti Fatimah, 2024). In such situations, the presence of a mahram or another female caregiver as a witness can also serve as an additional precaution to ensure that integrity and professional ethics are maintained (Mansor, 1999). In this way, the principles of *hifz al-nafs* (protection of life) and *hifz al-'ird* (protection of honor) can be balanced.

Furthermore, a professional and need-based approach is key in emergency situations. Male caregivers involved in childbirth procedures must possess sufficient skills and experience to handle the situation efficiently and promptly (Al-Ruhawi, 1992). Any delay or inaccuracy in action could threaten the lives of both the mother and the baby. Therefore, the involvement of male caregivers in such situations is not only permitted but also a professional responsibility that must be carried out to protect lives (Al-Sannusi & Farun, 2007).

In conclusion, the principle of *hifz al-nafs* forms the basis for the involvement of male caregivers in the management of childbirth in emergency situations. The safety and well-being of the mother and baby are the highest priorities that must be considered. Although there is a need to protect the dignity of the patient, life takes precedence in emergency contexts. With clear shariah guidelines and proper professional measures, this principle can be implemented without disregarding Islamic values. The combination of this principle with modern medical ethics helps ensure quality healthcare services that are grounded in religious values (Zainal Abidin, 2015).

Compliance with Professional Ethics and Sharia Guidelines

Compliance with professional ethics and Sharia guidelines is an important element in ensuring that childbirth assistance by male caregivers is in line with the principles of maqasid Shariah and medical ethical standards. In Islam, adherence to Sharia guidelines is the foundation of

every action, especially in fields involving direct interaction between non-mahram men and women (Al-Sannusi & Farun, 2007). Childbirth assistance by male caregivers must be conducted with full professionalism, maintaining the boundaries of *aurat*, and adhering to Islamic etiquette to ensure it does not violate the principle of honor (*hifz al-'ird*) (Siti Khatijah et al., 2017). In this regard, professionalism and sensitivity to religious values are key to maintaining a balance between medical needs and sharia compliance.

Firstly, male caregivers must ensure that only the areas of the patient's body necessary for treatment are exposed, and this should be done minimally. This principle aligns with the concept of maintaining *aurat* in Islam. Measures such as using curtains, covering cloths, or ensuring the privacy of the treatment room are also important ways to minimize unnecessary exposure (Khairul Mardhiah, 2024). This approach not only protects the patient's honor but also enhances their sense of safety and comfort, which directly contributes to the effectiveness of the treatment (Bernstein et al., 2017; Rönnerhag et al., 2018).

Secondly, polite and professional communication between male caregivers and female patients is very important. Male caregivers must use respectful, clear language that does not cause discomfort (Vatandost et al., 2020). This ethical-based interaction ensures that the professional relationship is maintained without violating religious principles. By maintaining ethical communication, male caregivers not only respect Sharia values but also build the patient's trust in the healthcare system (Ida Madieha et al., 2022).

Thirdly, male caregivers must always work within an ethical framework and adhere to professional guidelines. Healthcare institutions need to provide written guidelines and specific training to ensure that all staff understand Sharia requirements as well as medical ethical standards (Iman & Harefa, 2019). This step is crucial to ensure that every action taken, including involving male caregivers in childbirth assistance, is based on a clear and legitimate foundation (Lubis et al., 2022).

Finally, supervision and monitoring by health authorities also play a crucial role. The presence of a mahram, husband, or another female caregiver (chaperone) during the childbirth procedure can serve as an additional measure to ensure that the process is carried out professionally and in accordance with Sharia principles (Abdullah Al-Jubair, 2015; Mitra et al., 2022). This monitoring not only protects the patient but also safeguards the male caregiver from any misunderstandings or accusations that could tarnish their professional reputation (Syed M. et al., 2022).

In conclusion, adherence to professional ethics and Sharia guidelines is fundamental in childbirth assistance by male caregivers. By ensuring that the boundaries of *aurat* are maintained, communication is respectful, and additional measures such as the presence of witnesses or monitoring are in place, the process can be carried out safely and in accordance with Islamic values. This approach not only respects the dignity of the patient but also ensures the integrity of healthcare services. The combination of professionalism and Sharia values helps ensure that childbirth assistance by male caregivers meets both religious and medical requirements in harmony (Muhammad Wafiyuddin & Ahmad Fakhurrizi, 2021).

Understanding Cultural and Religious Sensitivity

Awareness and respect for cultural and religious sensitivity are important aspects of childbirth assistance by male caregivers. In Islamic societies, sensitivity to cultural and religious values must be a priority to ensure that medical procedures, including childbirth assistance, do not cause discomfort to the patient or their family (Nasir, 2013). The principle of *hifz al-nasb* (protection of lineage) in maqasid syariah emphasizes the importance of safeguarding honor and lineage through actions that respect cultural norms and maintain religious boundaries (Fahad Isa, 2011). Therefore, the involvement of male caregivers in childbirth assistance should be carried out with an understanding and respect for these values.

Firstly, Muslim women patients often prioritize the presence of female healthcare providers during childbirth. This is due to the need to maintain modesty and honor, which are part of religious values (Abdul Aziz, 1988). Therefore, hospitals and healthcare institutions should prioritize female healthcare providers in childbirth cases, especially in communities with a high level of religious sensitivity. In situations where male healthcare providers are involved, additional steps, such as explaining the situation to the patient and obtaining their consent, should be taken to reduce discomfort (Al-Ruhawi, 1992).

Secondly, respecting cultural and religious sensitivities also includes efforts to involve family members, such as the husband or close relatives, in the childbirth process. The presence of the husband or family members not only provides emotional support to the patient but also helps ensure that procedures are carried out in a manner that respects the cultural and religious wishes of the patient (Khairul Mardhiah, 2024). This step reflects the healthcare institution's efforts to understand the social context of the patient, thereby increasing public trust in healthcare services (Muhammad Syazwan, 2024).

Thirdly, hospitals and medical institutions must also provide treatment spaces that meet the privacy needs of Muslim women patients. This includes ensuring that delivery rooms are enclosed, using curtains, or strategically arranging patient placements to minimize unnecessary interaction with male caregivers (Noorhidayat, 2024). Sensitivity to this physical environment helps to preserve the dignity of the patients while demonstrating respect for their cultural values (Ahmad Luqmanul Hakim et al., 2023).

Fourthly, training for male caregivers to understand cultural and religious sensitivities is very important. They need to be trained not only in medical skills but also in communication and ethics, taking into account the religious and cultural norms of the patients (Muhammad Asyraf, 2024). This awareness enables them to provide professional care without violating Islamic values (Ida Madieha et al., 2022). With proper training, male caregivers can play their roles more effectively without creating tension between professional requirements and cultural demands.

In conclusion, awareness and respect for cultural and religious sensitivities are crucial elements in the management of childbirth by male caregivers. By prioritizing the presence of female caregivers, involving the patient's family, providing appropriate treatment spaces, and training male caregivers to understand religious values, healthcare institutions can ensure that childbirth procedures are carried out with full respect for cultural and religious norms.

This approach not only preserves the dignity of patients but also strengthens public trust in the integrity of a healthcare system that is sensitive to their needs (Siti Khatijah et al., 2023).

Conclusion

The management of childbirth by male caregivers is an issue that requires a balance between medical needs, professional ethics, and the principles of Maqasid Shariah. Principles such as preservation of life (*hifz al-nafs*), preservation of honor (*hifz al-'ird*), and preservation of lineage (*hifz al-nasb*) are fundamental in determining the appropriateness of their involvement, especially in emergency situations to save the lives of the mother and child. However, the dignity of the patient must still be maintained by ensuring modesty, respectful communication, and measures such as the presence of a mahram or another female caregiver as a witness and chaperone. Sensitivity to the cultural and religious values of the Muslim community, including the provision of private treatment spaces and involving the patient's family, also plays a crucial role in maintaining the integrity of the treatment process. Therefore, the involvement of male caregivers is only acceptable if it adheres to Shariah guidelines, professional ethics, and meets the patient's needs in a respectful and responsible manner, in line with Islamic principles and modern medical practices.

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References

- Ab Rahman, K., & Ahmad, H. (2021). Kualiti Perkhidmatan Di Klinik Perubatan Swasta Dan Kesan Kepada Pesakit: Analisis Literatur. *Jurnal Dunia Pengurusan*, 3(1), 170–179. <https://myjms.mohe.gov.my/index.php/jdpg/article/view/12888>
- Abdul Aziz, A. H. M. (1988). *Al-Tibb wa Islam*. Jamiah Al-Azhar.
- Abdullah Al-Jubair, H. (2015). *Idhn fi Ijra' Al-'Amaliyat Al-Tibbiyah, Ahkamuhu Wa-Atharuhu fi Daman Al-Khata' Al-Tibbi* (Vol. 1). Dar Al-Konoze Shbelia.
- Ahmad Luqmanul Hakim, A. S., Azira, K., Madihah, M. I., & Azlina, M. (2023). A Patient-Centered Hospital in Malaysia in Accordance with Maqasid Syariah Principles: A Comprehensive Review and Prospective Research Directions. *International Journal of Islamic Thought*, 24(1). <https://doi.org/10.24035/ijit.24.2023.266>
- Bernstein, P. S., Martin, J. N., Barton, J. R., Shields, L. E., Druzin, M. L., Scavone, B. M., Frost, J., Morton, C. H., Ruhl, C., Slager, J., Tsigas, E. Z., Jaffer, S., & Menard, M. K. (2017). National Partnership for Maternal Safety. *Obstetrics and Gynecology*, 130(2), 347–357. <https://doi.org/10.1097/AOG.0000000000002115>
- Dahalan, H. M., Hana, S., Rahman, A., Yusnita, Z., Jusoh, M., Khan, M. N., & Awang, M. Z. (2018). Pelaksanaan Hospital Mesra Ibadah di Konsortium Hospital Islam Malaysia (KHIM): Satu Kajian Literatur. In *The Sultan Alauddin Sulaiman Shah Journal (JSASS)* (Vol. 5, Issue 2, pp. 54–65). <https://jsass.kuis.edu.my/index.php/jsass/article/view/51>

- Fahad Isa, S. (2011). *Isqatu Al-Haml wa Asaruha fi Al-fiqh Al-Islamiyyah* (1st ed.). Maktabah Al-Mulk Fahad Al-wataniyyah.
- Al-Fasi, A., & Al-Husni, I. (2013). *Maqasid Al-Syariah Islamiyyah Wamakarimuha* (2nd ed.). Darr Al-Salam.
- Ibrahim, M., & Abdullah Baz, A. A. (2013). *Al-Fatwa Al-Mutaaliqa Bitibbi Wa Ahkam Al-Mardha* (Vol. 3).
- Ida Madieha, A. G. A., Mushera Bibi, A. K., & Sahida, S. (2022). Treating Mental Health Patients Through Communal Care: Views from Maqasid Al-Shariah. *Malaysian Journal of Medicine and Health Sciences*, 18(SUPP19), 178–182. <https://doi.org/10.47836/mjmhs.18.s19.27>
- Iman, E., & Harefa, J. (2019). *Pengaruh Peranan Perawat Dalam Meningkatkan Kemampuan Berpikir Kritis Di Rumah Sakit*.
- Ishak, M., Mohd Zulkifli, A., & Nurul Aisyah, A. R. (2020). Konsep Hospital Mesra Ibadah: Penerapan Maqasid Syariah dalam Urus Tadbir Hospital. *E-Prosiding Seminar Maya Maqasid Syariah & Tadbir Urus (SEMASYUR 2020)*, 61–70. <https://www.researchgate.net/publication/352977434>
- Jam'iyah Al-Alamiyah Al-Saudiyyah lil Dirasat Al-Tibbi Al-Fiqhiyyah. (2010). *Al-Fiqh Al-Tibb Kamil* (Vol. 1). Jamiah Al-Imam Ahmad Bin Saud Al-Islamiyyah.
- Lubis, Y. H., Saragih, F. A., & Maretta, B. (2022). Pengaruh Beban, Kepuasan, Dan Stress Kerja Terhadap Motivasi Kerja Perawat: (A Systematic Review). *Jurnal Kesehatan Masyarakat (Undip)*, 10(3), 372–378. <https://doi.org/10.14710/jkm.v10i3.33202>
- Mansor, M. K. (1999). *Ahkam Al-Tibbiyyah Al-Mutaaliqa bi Nisaa' Fi Fiqh Islamiyyah* (1st ed.). Darr Al-Nafaes.
- Mitra, T., Koerber, N. K., Shah, H., Kassels, A. C., Anderson, D. J., Cooper, B. J., Schaefer, M. B., Kaye, A. D., Bangalore Siddaiah, H. B., Mathew, J. S., Sterritt, J. R., Lee, Z. S., & Urits, I. (2022). Chaperones Utilization in Clinical Practice: Intimate and Sensitive Physical Examination Best Practice Strategies and Concepts in Modern Urological Medicine. *Health Psychology Research*, 10(4). <https://doi.org/10.52965/001C.38954>
- Mohammad Khairul, A. A., Ahmad Irdha, M., & Mohd Al Adib, S. (2023). Implementasi Kaedah Fiqah Berelemenkan Darurat dalam Perubatan: Analisis Fatwa Terpilih Jabatan Mufti Negeri Selangor. *Journal of Islam in Asia (E-ISSN 2289-8077)*, 20(1), 216–240. <https://doi.org/10.31436/JIA.V20I1.1118>
- Wafiyuddin, A., & Fakhurrizi, M. Z. (2021). Aurat Dalam Perubatan. *Jurnal Wacana Sarjana*, 5(3), 1–9. <https://spaj.ukm.my/jws/index.php/jws/article/view/423>
- Roslan, M. (2024). Hifz Al-Nafs Dalam Maqasid Syariah: Analisis Teoritikal - [Hifz Al-Nafs in Maqasid Syariah: A Theoretical Analysis]. *Al-Takamul Al-Ma'rifi*, 7(1), 9–19. <http://devojs.usas.edu.my/altakamul/index.php/altakmulfiles>
- Nasir, M. B. (2013). *Adab Al-Haml wa Wiladah wa Radha'ah fi Islami*. Darr Al-Mahaja Al-Bayda .
- Rahman, K. A., & Ahmad, H. (2020). *Amalan Syariah Di Klinik Perubatan Swasta : Analisis Kajian Literatur Dalam Kualiti Perkhidmatan Dan Kepuasan Pesakit*. 18–19. www.bharian.com.my.
- Al-Raysuni, A. (1999). *Al-Fikr al-Maqasidi: Qawa'iduhu wa Fawa'iduhu*. Ribat: Dar Al-Bayda'.
- Al-Ruhawi, I. (1992). *Adab Al-Tibb* (1st ed., Vol. 9). Markas Al-Malik Faisal Lilbuhus wa Dirasat Al-Islamiyyah.
- Rönnerhag, M., Severinsson, E., Haruna, M., & Berggren, I. (2018). Qualitative study of women's experiences of safe childbirth in maternity care. *Nursing & Health Sciences*, 20(3), 331–337. <https://doi.org/10.1111/nhs.12558>.

- Al-Sannusi, M., & Farun, S. (2007). *Tibb Al-Nisa': Majmu'at Muallifin*. Markas Al-arabiy lil Ta'ribi wa Tarjamati wa Ta'lifi wa Nasyar.
- Siti Khatijah, I., Lukman, A. M., Zainab, M. S., Siti Fatimah, S., & Nadhirah, N. (2022). Construction of I-maternity Care Model in Holistic Maternity Services. *International Journal of Academic Research in Business and Social Sciences*, 12(10). <https://doi.org/10.6007/IJARBS/V12-I10/15294>
- Siti Khatijah, I., & Nadhirah, N. (2018). Konsep Raf'u Al-Haraj Menurut Al-Quran Dan Inspirasinya Dalam Inovasi Penjagaan Maruah Ketika Prosedur Materniti. *Malaysian Journal Of Islamic Studies (MJIS)*, 2(2), 107–119. <https://journal.uniswa.edu.my/mjis/index.php/mjis/article/view/75>
- Siti Khatijah, I., Ridzwan, A., Siti Fatimah, S., & Tengku Fatimah Mualiana, T. M. (2017). Konsep Memelihara Maruah (Hifz Al-'Ird) Dalam Rawatan Meterniti Di Malaysia. *The International Seminar on Islamic Jurisprudence In Contemporary Society*, 160–173.
- Siti Khatijah, I., Zainab, M. S., Normadiyah, D., Syarifah Noorul Madihah, S. H., & Siti Fatimah, S. (2023). *Pembinaan Garis Panduan Amalan Petugas Kesihatan Rawatan Materniti Ke Arah Pemantapan Konsep Hospital Patuh Syariah*.
- Syed M., A., Mahnoor, M., Thompson, J., Mirza, M., & Kowalik, C. G. (2022). Patient Preferences Regarding Chaperone Use for Sensitive Examinations. *Urology Practice*, 9(5), 379–388. <https://doi.org/10.1097/UPJ.0000000000000327>
- Vatandost, S., Cheraghi, F., & Oshvandi, K. (2020). Facilitators of Professional Communication Between Nurse and Opposite Gender Patient: A Content Analysis. *Mædica*, 15(1), 45. <https://doi.org/10.26574/MAEDICA.2020.15.1.45>
- Zainal Abidin, D. (2015). *Perubatan Islam dan Bukti Sains Moden* (N. A. Riduan, Ed.; 1st ed.). PTS Millennia Sdn. Bhd.
- Wahbah, Z. (1985). *Nazariah Al-Daruriyah Al-Syariah*. Muassah Al-Risalah
-