A COMPARATIVE ANALYSIS OF THE MALIKI AND HANBALI SCHOOLS ON SCHISTOSOMIASIS PREVENTION AS AN APPLICATION OF *SADD AL-DHARĀ'I*‘: EVIDENCE FROM THE WATUMAETA VILLAGE COMMUNITY OF INDONESIA

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ABSTRACT

Schistosomiasis remains a persistent public health problem in Central Sulawesi, particularly in the Napu Valley, where transmission dynamics are strongly influenced by environmental sanitation and community behavior. Amid the dominance of biomedical and public health approaches, the integration of Islamic legal principles as a normative framework for disease prevention remains limited. Addressing this gap, this study aims to identify and critically examine community-based schistosomiasis prevention practices, analyze their normative legitimacy through the concept of *sadd zari'ah*, and articulate the theoretical contribution of Islamic law in strengthening socially grounded disease prevention through a comparative analysis of the Maliki and Hanbali schools. This study employs a qualitative approach with an empirical legal research design, utilizing observation, semi-structured interviews, and documentation, which are analyzed descriptively. The findings indicate that preventive practices include sanitation improvement, prohibition of open defecation, control of snail habitats, use of personal protective equipment, mass drug administration, and strengthened health education as systematic efforts to interrupt transmission pathways. From a comparative perspective, the Maliki school advocates a stricter application of *sadd zari'ah* by closing all potential avenues leading to disease transmission, whereas the Hanbali school allows a degree of flexibility provided that precautionary principles and risk prevention are maintained. Both schools substantively agree that such preventive measures constitute the protection of life (*hifz al-nafs*) and should be upheld as an obligation to avert harm. Therefore, schistosomiasis prevention practices in Watumaeta Village are not only effective from a public health standpoint but also represent a contextualized application of Islamic legal principles, reinforcing the relevance of *sadd zari'ah* as a normative foundation for community-based disease prevention in endemic settings

Keywords: Schistosomiasis prevention, Sadd zari'ah, Islamic law, Mazhab comparison

ABSTRAK

Schistosomiasis masih menjadi masalah kesehatan masyarakat yang endemis di Sulawesi Tengah, khususnya di wilayah Lembah Napu, dengan pola penularan yang sangat dipengaruhi oleh kondisi sanitasi lingkungan dan perilaku masyarakat. Di tengah dominasi pendekatan medis dan kesehatan masyarakat, kajian yang mengintegrasikan prinsip hukum Islam sebagai landasan normatif pencegahan masih terbatas. Berangkat dari kondisi tersebut, kajian ini bertujuan untuk mengidentifikasi dan mengkaji secara

mendalam praktik pencegahan *schistosomiasis* berbasis masyarakat, menganalisis legitimasi normatifnya dalam perspektif *sadd zari'ah*, serta merumuskan kontribusi teoretis hukum Islam dalam memperkuat pendekatan pencegahan penyakit berbasis sosial melalui analisis komparatif pandangan mazhab Maliki dan Hanbali. Pendekatan yang digunakan adalah kualitatif dengan jenis penelitian hukum empiris, melalui teknik observasi, wawancara semi terstruktur, dan dokumentasi yang dianalisis secara deskriptif. Hasil penelitian menunjukkan bahwa praktik pencegahan dilakukan melalui perbaikan sanitasi, larangan buang air besar sembarangan, pengendalian habitat siput, penggunaan alat pelindung diri, pemberian obat massal, serta penguatan edukasi kesehatan sebagai upaya sistematis dalam memutus rantai penularan. Dalam analisis komparatif, mazhab Maliki menegaskan penerapan prinsip *sadd zari'ah* secara lebih ketat dengan menutup seluruh potensi jalan yang dapat mengarah pada penularan penyakit, sedangkan mazhab Hanbali memberikan ruang fleksibilitas sepanjang tidak mengabaikan prinsip kehati-hatian dan pencegahan risiko. Kedua mazhab tersebut secara substantif sepakat bahwa seluruh praktik pencegahan merupakan bentuk perlindungan jiwa **(***hifz al-nafs***)** dan wajib didukung sebagai upaya menolak kemudaratan. Dengan demikian, praktik pencegahan *schistosomiasis* di Desa Watumaeta tidak hanya efektif secara kesehatan masyarakat, tetapi juga merepresentasikan aktualisasi kontekstual prinsip hukum Islam, sehingga memperkuat relevansi *sadd zari'ah* sebagai dasar normatif dalam pencegahan penyakit berbasis masyarakat di wilayah endemis

Kata Kunci: Pencegahan *schistosomiasis, Sadd zari'ah*, Hukum Islam, Komparasi mazhab

INTRODUCTION

Schistosomiasis is one of the neglected tropical diseases that remains a significant global public health problem, particularly in developing countries. The disease is caused by infection with *Schistosoma* parasites, which are transmitted through contact with water contaminated by larvae released from freshwater snails acting as intermediate hosts. Globally, schistosomiasis infects more than 230–250 million people annually and is endemic in 78 countries. It has a substantial impact on health, productivity, and overall quality of life. In Indonesia, schistosomiasis remains endemic and is geographically confined to Central Sulawesi, particularly in the districts of Poso and Sigi, including Watumaeta Village in the Napu Valley..

The high rate of schistosomiasis transmission is closely associated with environmental factors and community behavior. Activities such as farming, gardening, and direct contact with open water sources constitute major risk factors. In addition, low public awareness of sanitation, open defecation practices, and the limited use of personal protective equipment further reinforce the transmission cycle of the disease. Therefore, prevention efforts cannot rely solely on medical approaches but must also incorporate social, environmental, and sustained behavioral change strategies within the community.

Over the past decade, research on schistosomiasis has shown a shift in approach from curative to preventive strategies. Numerous studies highlight that interventions based on behavioral change and improvements in Water, Sanitation, and Hygiene (WASH) play a crucial role in reducing infection rates. Studies by Afifi et al. (2025) and Linda et al. (2025) demonstrate that improvements in sanitation and health education significantly contribute to the reduction of parasitic infection prevalence. Furthermore,

Omnia et al. (2025) emphasize the importance of community compliance with hygiene practices as a key factor in disease prevention. Other studies also reveal that low levels of knowledge, attitudes, and public awareness constitute major barriers to schistosomiasis control (Ogundipe et al., 2026). Therefore, community behavioral change becomes a strategic element in breaking the chain of disease transmission.

Nevertheless, most of these studies continue to focus primarily on medical, epidemiological, and behavioral approaches, with limited attention given to the integration of disease prevention with religious value perspectives. In fact, within religious communities, religious values play a significant role in shaping both individual and collective behavior. In the context of Islamic law, the concept of *sadd al-dharā'iʿ* (blocking the means) represents a preventive principle aimed at closing pathways that may lead to harm. This concept is highly relevant to disease prevention efforts, as it emphasizes the importance of avoiding potential causes that may result in harm.

Based on the foregoing, a research gap can be identified in the limited studies that integrate schistosomiasis prevention practices with the concept of *sadd al-dharā'iʿ*, particularly within local community contexts such as Watumaeta Village. Furthermore, comparative studies between the Maliki and Hanbali schools in understanding the application of *sadd al-dharā'iʿ* in the field of public health remain scarce. Previous research has predominantly examined this concept within the domains of social law and general Islamic jurisprudence, rather than in the context of public health.

Therefore, this study offers a novel contribution by integrating public health and Islamic legal approaches through an analysis of the concept of *sadd al-dharā'iʿ* in schistosomiasis prevention practices. It also provides a comparative examination of the Maliki and Hanbali schools in understanding this principle as a preventive foundation for safeguarding public welfare (*maṣlaḥah*). This approach is expected to contribute theoretically to the development of Islamic legal studies, particularly in the field of public health, as well as practically to the formulation of disease prevention strategies grounded in religious values and local wisdom. The objectives of this study are to analyze schistosomiasis prevention practices among the community of Watumaeta Village, to examine these practices from the perspective of *sadd al-dharā'iʿ*, and to comparatively analyze the views of the Maliki and Hanbali schools regarding the application of this principle in schistosomiasis prevention.

METHODS

This study employs a qualitative approach using a comparative method and a case study design. The qualitative approach is chosen to gain an in-depth understanding of social phenomena related to schistosomiasis prevention practices and the application of the principle of *sadd al-dharā'iʿ* within the community. The comparative method is used to analyze differences in perspectives between the Maliki and Hanbali schools, while the case study focuses on the community of Watumaeta Village.

This research constitutes an empirical legal study that examines how legal principles are implemented in real-life contexts. This approach is adopted because the study not only discusses the normative concept of *sadd al-dharā'iʿ*, but also its application in social practices within the community. The research was conducted in Watumaeta Village, North Lore District, Poso Regency, Central Sulawesi, an area endemic for schistosomiasis.

The data sources consist of primary and secondary data. Primary data were obtained from community leaders, healthcare workers, and local residents. Secondary

data were collected from books, academic journals, and documents related to Islamic law and public health.

Data collection techniques include observation, semi-structured interviews, and documentation. Observation was conducted to directly examine community behavior, while interviews were used to obtain in-depth information. Documentation served as supporting data in the form of archives and relevant records.

The study population comprises all residents of Watumaeta Village, while the sample was selected using purposive sampling based on the involvement and relevance of informants. The research variables are qualitative in nature, namely schistosomiasis prevention practices and the application of *sadd al-dharā'i'*. Data were analyzed using a descriptive qualitative method through the stages of data reduction, data display, and conclusion drawing, employing an inductive approach. Data validity was ensured through triangulation by comparing multiple data sources and collection methods. The selection of this methodology is based on the need to comprehensively understand the relationship between social practices and Islamic legal principles, thereby aligning with the objectives of the study.

RESULTS AND DISCUSSION

A. SCHISTOSOMIASIS PREVENTION PRACTICES AMONG THE COMMUNITY OF WATUMAETA VILLAGE

Schistosomiasis prevention efforts in Watumaeta Village are implemented comprehensively through various interrelated approaches. Prevention does not solely focus on medical aspects but also encompasses environmental management, individual behavioral change, and community social support. These three approaches are essential, as the transmission of schistosomiasis is influenced by the interaction between environmental factors, community practices, and local social conditions.

Control Based Prevention

Schistosomiasis prevention efforts in Watumaeta Village are carried out through environmental control measures focusing on reducing snail habitats as intermediate hosts of *Schistosoma japonicum*. Environmental conditions such as humidity, stagnant water, and the presence of specific vegetation are key factors supporting snail proliferation. Therefore, environmental intervention constitutes a strategic approach to breaking the transmission cycle of the disease.

One form of prevention is the prohibition of open defecation, which aims to prevent environmental contamination by parasite eggs originating from human and animal feces. However, its implementation in the field still faces challenges, particularly due to the limited availability of sanitation facilities in plantation and agricultural areas. As a result, some community members continue to practice open defecation, maintaining the potential for disease transmission, especially in areas close to snail habitats.

In addition, control efforts focus on snail habitats through environmental cleaning, habitat modification, and spraying activities. This strategy is considered relatively effective in reducing snail populations, as reflected in the statement of Opin Mananta:

"Environmental prevention measures such as the prohibition of open defecation are still less effective in practice, especially in plantation areas where latrines are unavailable, and particularly in controlling animal-related contamination. In fact, habitat management of

snails is relatively more effective. Interventions such as environmental cleaning and spraying can significantly reduce snail populations."

Spraying activities are conducted routinely on a monthly basis by three community health centers (Puskesmas), in collaboration with local government authorities, indicating a structured intervention in disease control:

"Spraying is carried out regularly every month by three Puskesmas, namely Maholo, Wuasa, and Watutau…"

Beyond habitat control, land management is also implemented by converting unproductive land into productive use, thereby reducing potential breeding grounds for snails. This is emphasized by Sunaryati**:**

"Prevention efforts include spraying, converting unproductive land into productive land, and taking medication."

However, these efforts have not yet been fully optimal, as some land remains unmanaged, particularly land owned by individuals who do not reside in the village. Such neglected land tends to remain moist and has the potential to become a suitable habitat for snails, as noted:

"Many landowners do not reside in the area… thus increasing the potential for these lands to become snail habitats."

In addition, limitations in supervision and the reach of healthcare personnel also pose challenges to comprehensive environmental control. Therefore, although environmental control particularly through snail habitat intervention has proven to be relatively effective, its success remains influenced by factors such as infrastructure availability, land ownership patterns, and the level of field supervision.

Behavioral Control Based Prevention

Pencegahan schistosomiasis di Desa Watumaeta melalui pengendalian perilaku dilakukan dengan mengurangi kontak langsung masyarakat dengan sumber infeksi. Salah satunya penggunaan alat pelindung diri (APD), khususnya sepatu bot, bagi masyarakat yang melakukan aktivitas di area berisiko seperti sawah, ladang, dan daerah yang tergenang air. Penggunaan APD menjadi penting karena penularan *schistosomiasis* terjadi ketika larva *Schistosoma japonicum* yang terdapat pada air atau tanah yang terkontaminasi masuk melalui kulit manusia. Masyarakat Desa Watumaeta yang sebagian besar bekerja sebagai petani memiliki potensi kontak yang tinggi dengan lingkungan yang menjadi habitat siput perantara penyakit tersebut, sehingga penggunaan perlindungan fisik menjadi salah satu strategi pencegahan yang efektif.

Schistosomiasis prevention in Watumaeta Village through behavioral control is carried out by reducing direct contact between the community and sources of infection. One key measure is the use of personal protective equipment (PPE), particularly rubber boots, by individuals engaging in activities in high-risk areas such as rice fields, plantations, and waterlogged environments. The use of PPE is essential, as schistosomiasis transmission occurs when *Schistosoma japonicum* larvae present in contaminated water or soil penetrate human skin. Given that most residents of

Watumaeta Village work as farmers, they are at high risk of exposure to environments that serve as habitats for the intermediate snail host, making physical protection an effective preventive strategy.

Efforts to promote PPE use have been implemented by the government and schistosomiasis control teams in the Napu region, including Watumaeta Village. This program involved the distribution of rubber boots to community members for use during agricultural activities. Based on an interview with Opin Mananta, Head of the Schistosomiasis Control Team, such preventive measures had been previously implemented, as stated:

"Prevention through PPE has also been implemented. Around 2018, nearly 17,000 rubber boots were distributed in the Poso Napu area."

This statement indicates that the distribution of rubber boots was a concrete intervention aimed at reducing the risk of schistosomiasis transmission in endemic areas. However, since the program was not sustained after 2018, the distribution of PPE has ceased, leading to a decline in its use among the community. Consequently, many individuals have resumed activities in high-risk areas without adequate protection, increasing their exposure to infection.

In addition to PPE use, prevention efforts also involve restricting community activities in water sources that are potential snail habitats. This measure aims to reduce the frequency of direct contact between individuals and water potentially contaminated with *Schistosoma japonicum* larvae. Activities involving direct water contact such as bathing, washing clothes, or other domestic activities in canals and stagnant water near snail habitats need to be limited as part of preventive strategies.

This was highlighted by Rosma, who explained that certain activities are restricted in high-risk areas as part of schistosomiasis prevention efforts:

"After we were instructed to undergo stool examinations, those who tested positive were asked to take medication according to the prescribed dosage. In addition, there were restrictions on washing and bathing in certain areas."

This statement indicates that prevention efforts in Watumaeta Village are not only conducted through medical examinations and treatment of infected individuals but also through regulating community activities in environments that may serve as sources of transmission. By limiting washing and bathing activities in areas identified as snail habitats, the frequency of contact with potentially contaminated water can be reduced, thereby lowering transmission risk.

However, in practice, many community members continue to carry out activities in transmission-prone areas. Thus, the effectiveness of these measures largely depends on the level of community compliance with health recommendations.

In addition to activity restrictions, stool examination represents an important method for detecting the presence of *Schistosoma japonicum* eggs in the human body. Through this method, infected individuals can be identified promptly and provided with timely treatment, thereby helping to interrupt the transmission cycle. In endemic areas such as Watumaeta Village, stool examinations are conducted routinely as part of disease surveillance, typically every six months by healthcare workers in collaboration with local health volunteers. Community members are provided with containers to collect stool

samples, which are then analyzed at healthcare facilities.This was also emphasized by Herlina, who stated:

"Every six months, there is mass treatment. In addition, containers are distributed so that people can collect stool samples for examination."

This statement demonstrates that stool examination is a crucial component of schistosomiasis control efforts, enabling healthcare providers to identify infected individuals and administer appropriate treatment, as well as monitor disease prevalence in endemic areas.

Another key strategy in schistosomiasis control is Mass Drug Administration (MDA), which involves the large-scale distribution of antiparasitic medication to at-risk populations, particularly those living in endemic areas. The aim of this program is to reduce infection rates and interrupt disease transmission by lowering the parasite burden in humans, who serve as reservoirs of infection.

In practice, MDA is not only targeted at individuals who are already infected but may also be administered preventively to those at high risk of exposure. Preventive treatment aims to inhibit parasite development in individuals who frequently interact with environments that serve as snail habitats.

However, the implementation of MDA in the field still faces several challenges. Some community members are reluctant to take the medication due to perceived side effects such as nausea, dizziness, and fatigue, which interfere with their daily activities. This is reflected in Rosma's statement:

"Many people are unwilling to take it because it makes them feel unwell and unable to carry out their activities."

This condition indicates that fear of side effects is a major factor contributing to low compliance in medication intake. As a result, efforts to prevent and interrupt the transmission of schistosomiasis have not yet been fully optimal in practice**.**

Social Control Based Prevention

Social factors also play a crucial role in the prevention and control of schistosomiasis in Watumaeta Village. Prevention efforts are not only carried out through environmental interventions and individual behavioral changes but also through social approaches that involve active community participation.

Health education aims to improve community knowledge and understanding of schistosomiasis, including its transmission, risk factors, and preventive measures that can be applied in daily life. Through these educational activities, the community is expected to develop greater awareness of the disease and adopt appropriate preventive behaviors, such as maintaining environmental hygiene, avoiding activities in areas that serve as snail habitats, using personal protective equipment when working in high-risk areas, and participating in stool examinations and treatment programs conducted by healthcare providers.

Health education activities are typically delivered by healthcare workers through various community health services, one of which is the *posyandu* (integrated health service post), which is routinely conducted in the village. The *posyandu* serves as an effective platform for disseminating health information due to its direct engagement

with community members. This was highlighted by Sunaryati, a healthcare worker, who explained that schistosomiasis-related education is regularly provided through *posyandu* activities:

"Health education is conducted routinely once a month during posyandu sessions. Several of these sessions also include education on schistosomiasis."

This statement indicates that health education constitutes a routine strategy implemented by healthcare workers to enhance community awareness of schistosomiasis prevention. Regular educational activities are expected to equip community members with sufficient knowledge to adopt preventive practices in their daily lives.

Social factors are also related to community access to safer water sources. The use of protected water sources can reduce direct contact with natural water bodies that may serve as habitats for snail intermediate hosts of *Schistosoma japonicum*. By reducing reliance on open water sources such as rivers or irrigation channels, the risk of schistosomiasis transmission can be minimized. This was explained by Muhammad Amir, a local community leader, who stated that most residents have shifted to using well water rather than directly accessing river water:

"Nowadays, people rarely use water directly from the river; most of them now use well water."

This statement reflects a shift in community water-use patterns that contributes positively to schistosomiasis prevention efforts. The use of well water is considered safer, as it reduces direct exposure to environments that may harbor infected snails.

B. ANALYSIS FROM THE PERSPECTIVE OF *SADD AL-DHARĀ'I*

The Maliki school is one of the legal schools that most strongly adopts *sadd al-dharā'iʿ* (blocking the means to harm) as a method of legal reasoning. This principle is employed to prevent actions that may appear permissible (*mubāḥ*) outwardly but have a high potential to lead to prohibited acts or cause harm. From the Maliki perspective, the legal status of an act is not determined solely by its outward form but also by its potential consequences and implications.

Abu Isḥaq al-Shaṭibi, a prominent Maliki scholar, explains that Islamic law (*sharīʿah*) is revealed to preserve the *maqāṣid al-sharīʿah*, namely the five essential objectives: the protection of religion, life, intellect, lineage, and property. Therefore, anything that may undermine these objectives must be prevented, even before the harm actually occurs. This principle demonstrates that Islamic law is not only reactive to harm but also inherently preventive by blocking all possible means that may lead to it.

In the Hanbali school, *sadd al-dharā'iʿ* is also recognized as an important principle in Islamic legal reasoning aimed at preventing harm. This principle emphasizes that an action is evaluated not only based on its outward form but also on its intended purpose and potential consequences.

Hanbali scholars such as Ibn Qayyim al-Jawziyyah explain that means (*wasā'il*) take the ruling of their ends. If the intended outcome is prohibited, then all means leading to it are likewise prohibited. Conversely, if the intended outcome is good or recommended, then the means used to achieve it are also considered permissible or recommended. Thus, the concept of *sadd al-dharā'iʿ* in the Hanbali school underscores the importance of blocking pathways that may lead to harm while simultaneously

safeguarding public welfare in accordance with the objectives of Islamic law. This is closely related to the fikhiyyah principle :

الْمَصَالِحِ جَلْبِ عَلَى مُقَدَّمٌ الْمَفَاسِدِ دَرْءُ

"Preventing harm takes precedence over attaining benefit"

This principle serves as a fundamental basis for the concept of *sadd al-dharā'i*ʿ, as it emphasizes preventive measures against potential harm. Accordingly, both the Maliki and Hanbali schools adopt this principle as a foundation in applying *sadd al-dharā'i*ʿ. They emphasize that any means that may potentially lead to harm (*mafsadah*) must be prevented, even if such means are originally permissible, in order to preserve public welfare and fulfill the objectives of Islamic law.

Prohibition of Open Defecation

The prohibition of open defecation in Islam is reflected in a hadith of the Prophet Muhammad (peace be upon him):

النَّاسِ طَرِيقِ فِي يَتَخَلَّى الَّذِي قَالَ اللهِ؟ رَسُولَ يَا اللَّاعِنَانِ وَمَا :قَالُوا اللَّاعِنَيْنِ اتَّقُوا ﷺ اللهِ رَسُولُ قَالَ :قَالَ هُرَيْرَةَ أَبِي عَنْ ظِلِّهِمْ فِي أَوْ

From abu Hurairah , rasulullah said: Beware of the two acts that bring about curses." The companions asked, "What are the two acts, O Messenger of Allah?" He replied, "Relieving oneself on pathways used by people or in places where they seek shade.(Muslim)

This hadith demonstrates that Islam provides clear guidance on sanitation ethics. This prohibition can be analyzed through the perspective of *sadd al-dharā'i*ʿ, which emphasizes blocking the means to harm by preventing actions that may lead to negative consequences. In the context of modern public health, open defecation has been identified as a major factor in the transmission of diseases such as schistosomiasis, where *Schistosoma japonicum* eggs present in human feces contaminate the environment and develop through the intermediate host snail *Oncomelania hupensis*.

The Maliki school strongly reinforces this prohibition through the principle of *sadd al-dharā'i*ʿ, which entails preventing all means that may lead to harm. Within this framework, defecating in open areas or ground cavities is considered an act to be avoided, as it may cause disturbance, environmental contamination, and potential health risks. Similarly, in the Hanbali school, relieving oneself in holes or crevices is considered *makruh* (discouraged), as it may lead to harm.

This position indicates that the Hanbali school is not solely based on textual evidence but also takes into account the potential consequences of an action. From the perspective of *sadd al-dharā'i*ʿ, such prohibitions represent preventive measures aimed at blocking pathways that may lead to harm, including environmental pollution and risks to human health. Thus, these rulings reflect the preventive nature of Islamic law in promoting cleanliness, public health, and overall societal welfare (*maṣlaḥah*).

Snail Habitat Control

Controlling snail habitats as intermediate hosts of schistosomiasis is a crucial step in preventing disease transmission. Moist and waterlogged environments provide

ideal conditions for the proliferation of snails that carry *Schistosoma japonicum*. Therefore, environmental management measures such as cleaning, land drainage, and the control of stagnant water constitute strategic efforts to break the transmission cycle of the disease.

From the perspective of *sadd al-dharā'iʿ*, controlling snail habitats represents an effort to block pathways that may lead to harm. The presence of snails as intermediate hosts functions as a *wasīlah* (means) that directly contributes to disease transmission; thus, their control serves as a preventive measure against potential harm (*mafsadah*).

Use of Personal Protective Equipment (PPE)

The use of Personal Protective Equipment (PPE) in Islam is regarded as a form of effort (*ikhtiyār*) to preserve human life (*ḥifẓ al-nafs*), which is one of the five essential objectives of Islamic law (*maqāṣid al-sharīʿah*). Islam prohibits individuals from exposing themselves to harm or destruction. The use of PPE represents a preventive measure to avoid danger, particularly in situations involving high risk of infection. This principle is affirmed in the Qur'an (al-Baqarah 195):

الْمُحْسِنِين يُحِبُّ اللَّهَ إِنَّ ۛ وَأَحْسِنُوا التَّهْلُكَةِ إِلَى بِأَيْدِيكُمْ تُلْقُوا وَلَا

And do not throw yourselves into destruction with your own hands, and do good; indeed, Allah loves those who do good.

This verse establishes a foundational principle that any action potentially leading to self harm must be avoided. In the Maliki school, this aligns with the concept of *sadd al-dharā'iʿ*, which emphasizes blocking all means that may lead to harm. In the context of schistosomiasis, the use of PPE such as protective footwear and avoiding contact with contaminated water represent concrete applications of preventing disease transmission pathways.From the Hanbali perspective, this principle is consistent with the legal maxim that harm must be eliminated and with the emphasis on the protection of life (*ḥifẓ al-nafs*). The Hanbali school permits the use of various means to protect oneself from harm, provided they do not contradict Islamic law. Furthermore, this approach can also be understood within the framework of *sadd al-dharā'iʿ*, as it seeks to block pathways that may lead to harm (*mafsadah*).

Restriction of Activities in Certain Water Sources

The restriction of activities in certain water sources can be linked to the Islamic prohibition against entering areas affected by infectious disease, as reflected in the hadith of the Prophet Muhammad (peace be upon him):

عَلَيْهِ تَقْدَمُوا فَلَا بِأَرْضٍ بِالطَّاعُونِ سَمِعْتُمْ إِذَا

If you hear of an outbreak of plague in a land, do not enter it(Bukhari)

This hadith illustrates the preventive principle in Islam aimed at avoiding sources of disease transmission. It demonstrates that Islamic teachings have established a precautionary approach in dealing with infectious diseases. From the Maliki perspective, al-Qarāfī emphasizes that means (*wasā'il*) take the ruling of their ends; if an outcome leads to harm (*mafsadah*), then all means leading to it must also be prevented. This principle implies that activities with the potential to cause harm such as using contaminated water sources may be restricted as a form of *sadd al-dharā'iʿ*.

Similarly, within the Hanbali school, Ibn Qayyim al-Jawziyyah states that Islamic law aims to realize public welfare (*maṣlaḥah*) and prevent harm. In the context of public health, this principle underscores the importance of preventive measures prior to the of harm.

Accordingly, restricting community activities in water sources that may serve as transmission media can be understood as an application of *sadd al-dharā'iʿ* in safeguarding human life (*ḥifẓ al-nafs*). Such water sources may be analogized to "infected zones," where activities such as bathing, washing, or direct contact function as means (*wasīlah*) that should be avoided due to their potential to cause infection.

Stool Examination

Periodic stool examination is an important method for detecting the presence of *Schistosoma japonicum* eggs in the human body. Through this examination, infected individuals can be promptly identified and provided with appropriate treatment, thereby preventing them from becoming sources of transmission to others. From the perspective of Islamic law, this measure aligns with the principle:

ضِرَارَ وَلَا ضَرَرَ لَا

There should be neither harm nor reciprocating harm.

In the Maliki school, al-Qarafi explains that the *lā ḍarar wa lā ḍirār* serves as a foundational principle for preventing all forms of harm, which is further developed within the framework of *sadd al-dharā'iʿ* as an effort to block pathways leading to *mafsadah* (harm). In this context, periodic stool examination can be understood as a preventive measure aimed at early detection of infection sources and the interruption of disease transmission.

Meanwhile, in the Hanbali school, Ibn Qudāmah emphasizes that harm must be eliminated and that actions predominantly leading to harm must be avoided. Therefore, stool examination constitutes a legitimate (*sharʿī*) effort to prevent the spread of disease, in line with the principle of *lā ḍarar wa lā ḍirār*, which also encompasses the prevention of means that may lead to harm.

***Mass Drug Administration* (MDA)**

Mass Drug Administration (MDA) is a public health strategy aimed at reducing schistosomiasis infection rates in endemic areas. In this program, antiparasitic medication is administered to populations living in high-risk areas, both to individuals who are already infected and to those who are not yet infected as a preventive measure. From an Islamic perspective, efforts to maintain health and seek treatment are encouraged within the framework of the Sharīʿah. This reflects Islam's emphasis on taking proactive measures (*ikhtiyār*) to address disease, as affirmed in the following hadith of the Prophet Muhammad (peace be upon him):

عَنْ جَابِرٍ رَضِيَ اللَّهُ عَنْهُ أَنَّ رَسُولَ اللَّهِ ﷺ قَالَ: لِكُلِّ دَاءٍ دَوَاءٌ

From Jabir radhiyallahu 'anhu, For every disease there is a cure.(Muslim)

In both the Maliki and Hanbali schools, medical treatment is considered permissible, as it constitutes an effort to prevent and eliminate harm that may affect

human beings. This is also consistent with the principle of *sadd al-dharā'i*ʿ. MDA can be understood as a form of early preventive intervention aimed at interrupting the transmission cycle and avoiding broader public health consequences. Thus, both individual and collective treatment efforts fall within the framework of preserving public welfare (*maṣlaḥah*) and preventing harm (*mafsadah*), in accordance with the objectives of Islamic law in safeguarding human life (*ḥifẓ al-nafs*).

Health Education

Health education constitutes an essential effort in enhancing public knowledge and awareness regarding the dangers of schistosomiasis and its preventive measures. From the perspective of *sadd al-dharā'i*ʿ, as recognized by both the Maliki and Hanbali schools, health education can be understood as a preventive measure aimed at blocking pathways that may lead to the transmission of schistosomiasis. A lack of community knowledge regarding hygiene practices, sanitation, and high-risk environments may function as a *zarīʿah* (means) leading to greater harm (*mafsadah*), namely the spread of disease outbreaks.The Qur'an emphasizes the prohibition against actions that may lead to self-destruction, as stated in Surah al-Baqarah 195:

وَلَا تُلْقُوا بِأَيْدِيكُمْ إِلَى التَّهْلُكَةِ

"And do not throw yourselves into destruction with your own hands."

Therefore, health education represents a strategic intervention that is not only medically significant but also holds legitimacy within the framework of Islamic law.

Use of Safer Water Sources

Changes in water use practices also constitute an important component of schistosomiasis prevention. Some community members who previously relied on open water sources, such as rivers or irrigation channels, have begun shifting to well water, which is considered safer and cleaner. The use of protected water sources reduces direct contact with environments that may serve as habitats for snail intermediate hosts, thereby lowering the risk of schistosomiasis transmission.Hygiene practices emphasized in Islam such as ablution (*wuḍū'*), bathing, and maintaining environmental cleanliness are closely aligned with infection prevention principles in modern public health. Values such as *ṭahārah* (cleanliness) are strongly emphasized, as reflected in the saying of the Prophet Muhammad (peace be upon him):

الإيمَانِ شَطْرُ الطُّهُورُ

Cleanliness is half of faith(Muslim)

his hadith indicates that maintaining cleanliness, including the use of safe and hygienic water, is an integral part of a Muslim's faith. In the Maliki school, water is fundamentally considered pure by nature; however, if it becomes contaminated to the extent that its physical properties change, it is no longer suitable for purification. This approach demonstrates that standards of water cleanliness are assessed substantively rather than merely symbolically. From the perspective of *sadd al-dharā'i*ʿ, this principle reflects an effort to block pathways that may lead to harm. Contaminated water can serve as a medium for disease transmission; therefore, avoiding its use is not only related to ritual purity but also to the prevention of harm (*mafsadah*).

Similarly, the Hanbali school maintains that water remains pure and purifying as long as it is not contaminated by impurities that alter its essential characteristics such as color, taste, or odor. Changes caused by unavoidable environmental factors may be tolerated in legal determinations and do not automatically negate its use for ritual purification. However, in the context of modern public health, this perspective aligns with *sadd al-dharā'iʿ* by encouraging the avoidance of water that may pose health risks, even if it is still considered legally pure. Thus, exercising caution in selecting clean and safe water sources is not only consistent with health principles but also reflects an effort to preserve public welfare, particularly in safeguarding human life (*ḥifẓ al-nafs*), one of the primary objectives of Islamic law.

C. COMPARATIVE STUDY OF THE MALIKI AND HANBALI SCHOOLS

The Maliki and Hanbali schools share both similarities and differences in their understanding and application of the concept of *sadd al-dharā'iʿ* as a method of Islamic legal reasoning. Both schools emphasize the importance of preventive measures in averting harm (*mafsadah*) and safeguarding public welfare, particularly in the protection of human life (*ḥifẓ al-nafs*). However, differences emerge in their practical application of this principle. Therefore, the similarities and differences between the Maliki and Hanbali schools can be outlined as follows:

Similarities	Differences
1. Both the Maliki and Hanbali schools emphasize that any action with the potential to cause harm to human beings must be prevented. 2. Both adopt the principle of *ḥifẓ al-nafs* (protection of life) as a fundamental basis for safeguarding human well-being. 3. Both adhere to the legal *lā ḍarar wa lā ḍirār* (neither inflicting harm nor reciprocating harm). 4. Both apply the concept of *sadd al-dharā'iʿ* (blocking the means to harm) in the context of disease prevention. 5. Both ultimately aim to prevent diseases such as schistosomiasis and to promote public health.	1. The Maliki school adopts a stricter and more precautionary approach to prevention, whereby any act with the potential to cause harm may be restricted from the outset. In contrast, the Hanbali school demonstrates greater flexibility; as long as a matter is still considered pure or its harmfulness is not clearly established, it remains permissible, although avoidance is recommended when potential risks are present. 2. In the context of water use, the Maliki school tends to avoid water that is contaminated or potentially harmful as a preventive measure against *mafsadah*. Meanwhile, the Hanbali school maintains that water remains pure as long as its essential characteristics are unchanged, although avoiding it is still encouraged when there is a risk of disease. 3. In general, the Maliki school emphasizes a more rigorous and immediate preventive approach, while the Hanbali school prioritizes flexibility by considering contextual conditions, yet still upholds prevention when there is a risk of harm

CONCLUSIONS

In the context of schistosomiasis prevention practices in Watumaeta Village, the concept of *sadd al-dharā'iʿ* serves as a fundamental framework, demonstrating that various health interventions are aimed at blocking pathways that may lead to disease transmission. This is reflected in measures such as improved sanitation, the prohibition of open defecation, the use of safer water sources, the utilization of personal protective equipment (PPE), stool examinations, Mass Drug Administration (MDA), and health education. Collectively, these measures are designed to prevent the emergence of "pathways" that may facilitate schistosomiasis infection.In general, the prevention practices implemented in Watumaeta Village are consistent with the principle of *sadd al-dharā'iʿ* as recognized in both the Maliki and Hanbali schools, as well as with the objectives of Islamic law in safeguarding human life (*ḥifẓ al-nafs*). Both schools view public health prevention efforts as a necessary form of proactive endeavor (*ikhtiyār*) to avoid the harm of disease.However, differences emerge in their practical application. The Maliki school tends to adopt a stricter preventive approach by immediately restricting all factors that may potentially serve as sources of transmission, such as contaminated water and poor sanitation practices. In contrast, the Hanbali school adopts a more flexible approach by considering contextual conditions and observable impacts, while still supporting preventive measures when risks are evident or substantiated.Thus, schistosomiasis prevention practices in Watumaeta Village can be understood as a concrete implementation of *sadd al-dharā'iʿ* within both schools. The difference lies primarily in the degree of precaution applied, while the ultimate objective remains the same: to safeguard public welfare (*maṣlaḥah*) and protect human life from disease.

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