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DEVELOPING ISLAMIC MEDICAL AESTHETIC EDUCATION BASED ON MAQASID AL-SHARIAH: A PRELIMINARY STUDY AMONG MUSLIM WOMEN

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Kata Kunci:	ABSTRAK
Estetika Medis; Pendidikan Islam; <i>Maqasid al-Syariah</i> ; Perempuan Muslim; Literasi Digital	<p>Perkembangan pesat praktik kedokteran estetika telah mengubah persepsi kontemporer tentang kecantikan dan menimbulkan tantangan etis baru bagi perempuan Muslim. Meskipun ajaran Islam memberikan panduan normatif mengenai modifikasi tubuh, praktik halal, kesopanan, dan martabat manusia, perempuan Muslim semakin sering dihadapkan pada keputusan estetika dalam lingkungan digital yang dibentuk oleh media sosial, influencer, iklan komersial, dan budaya konsumerisme. Penelitian ini bertujuan untuk mengkaji kebutuhan empiris akan kerangka pendidikan estetika medis Islam berdasarkan <i>Maqasid al-Syariah</i> serta merumuskan arah pendidikan yang mengintegrasikan literasi keagamaan, medis, etika, psikologis, dan digital. Penelitian ini menggunakan desain eksplanatori berurutan dengan dominasi kualitatif. Tahap pertama terdiri dari survei pendahuluan deskriptif, diikuti oleh penyelidikan kualitatif dan integrasi temuan empiris dengan <i>Maqasid al-Syariah</i> serta teori pendidikan Islam. Survei awal dirancang untuk memetakan pengalaman responden terkait estetika medis, budaya kecantikan, pengaruh media sosial, literasi estetika medis, kesadaran etika Islam, pengalaman perawatan, dan kebutuhan pendidikan. Temuan menunjukkan dua pola yang sangat signifikan: 77,8% responden melaporkan bahwa media sosial memengaruhi persepsi atau keputusan mereka terkait kecantikan, sementara 63,4% melaporkan pernah mengalami dampak negatif dari produk atau perawatan estetika. Temuan-temuan ini menunjukkan adanya kesenjangan antara pengetahuan keagamaan normatif dan pengambilan keputusan etis dalam praktik. Penelitian ini berpendapat bahwa pendidikan estetika medis Islam seharusnya melampaui kerangka halal-haram semata menuju model pendidikan komprehensif yang berorientasi pada masalah, keselamatan, martabat manusia, penerimaan diri, <i>tazkiyat al-nafs</i>, literasi digital kritis,</p>

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dan pengambilan keputusan yang bertanggung jawab. Penelitian ini mengusulkan pendidikan estetika berbasis Maqasid sebagai kontribusi yang relevan bagi pendidikan Islam kontemporer bagi perempuan Muslim.

Keywords:

Medical Aesthetics;
Islamic Education;
Maqasid al-Shariah;
Muslim Women;
Digital Literacy

ABSTRACTS

The rapid development of medical aesthetic practices has transformed contemporary perceptions of beauty and created new ethical challenges for Muslim women. Although Islamic teachings provide normative guidance concerning bodily modification, halal practices, modesty, and human dignity, Muslim women increasingly encounter aesthetic decisions within a digital environment shaped by social media, influencers, commercial advertising, and consumer culture. This study aims to examine the empirical need for an Islamic medical aesthetic education framework based on *Maqasid al-Shariah* and to formulate an educational direction that integrates religious, medical, ethical, psychological, and digital literacy. The study employs a sequential explanatory design with qualitative dominance. The first stage consists of a descriptive preliminary survey, followed by qualitative inquiry and an integration of empirical findings with *Maqasid al-Shariah* and Islamic educational theory. The preliminary survey was designed to map respondents' experiences with medical aesthetics, beauty culture, social-media influence, medical-aesthetic literacy, Islamic ethical awareness, treatment experiences, and educational needs. The findings reveal two particularly significant patterns: 77.8% of respondents reported that social media influenced their perceptions or decisions concerning beauty, while 63.4% reported having experienced negative effects from aesthetic products or treatments. These findings indicate a gap between normative religious knowledge and practical ethical decision-making. The study argues that Islamic medical aesthetic education should move beyond a purely halal-haram framework toward a comprehensive educational model oriented toward *maslahah*, safety, human dignity, self-acceptance, *tazkiyat al-nafs*, critical digital literacy, and responsible decision-making. The study proposes *Maqasid*-based aesthetic education as a relevant contribution to contemporary Islamic education for Muslim women.

A. INTRODUCTION

1. Background

Beauty has become an increasingly significant dimension of contemporary social life. The development of the beauty industry, cosmetic technology, dermatological procedures, and medical aesthetic services has expanded the ways in which individuals can modify, maintain, and improve their physical appearance. Medical aesthetic practices are no longer confined to a limited clinical environment; they have become part of a broader culture of consumption, self-presentation, and identity construction.

For Muslim women, however, aesthetic practices cannot be understood solely through the categories of appearance, consumer preference, or technological advancement. The body is simultaneously a physical reality, a personal identity, an object of social perception, and a trust (*amanah*) within Islamic moral consciousness. Consequently, decisions concerning aesthetic treatment may involve questions of intention, safety, necessity, bodily modification, modesty, financial responsibility, psychological well-being, and conformity with Islamic values.

The existing literature identified in the present research demonstrates an important research gap. Studies concerning social media and body image have established that social comparison and appearance-ideal internalization may influence women's perceptions of their bodies. Research on cosmetic procedures has also explored relationships between aesthetic intervention and self-esteem. Other studies have examined beauty consumption and the influence of digital influencers. However, these bodies of literature have generally not integrated Islamic ethics, *Maqasid al-Shariah*, medical-aesthetic literacy, and Islamic education into a unified conceptual framework. The literature review in the present study specifically identifies this gap: Al-Shatibi, Ibn Ashur, and Jasser Auda provide important *Maqasid* frameworks, but their approaches have rarely been developed into an educational framework specifically addressing contemporary medical aesthetics.

The problem therefore is not simply whether a particular aesthetic procedure is permissible or impermissible. Such a formulation is important but insufficient for the contemporary educational context. Muslim women are increasingly required to make decisions concerning products and procedures that may not have existed in earlier periods. They must assess advertisements, identify credible medical information, understand risks, distinguish therapeutic needs from cosmetic desires, evaluate financial implications, and determine whether a particular intervention contributes to or undermines their well-being.

This challenge is intensified by social media. The research documents that **77.8% of respondents reported being influenced by social media** in relation to beauty. This finding indicates that digital platforms have become significant agents in shaping beauty perceptions, preferences, and decisions. Social media can expose Muslim women to idealized bodies, aesthetic lifestyles, influencer recommendations, and commercialized beauty standards that may not necessarily correspond to Islamic ethical principles.

An equally important finding is that **63.4% of respondents reported having experienced negative effects from aesthetic products or treatments**. These effects may involve physical, psychological, financial, or satisfaction-related consequences. The combination of strong social-media influence and substantial experience of negative

treatment outcomes suggests that medical aesthetic decisions require more than access to aesthetic services. They require educational competence.

The two preliminary findings are particularly significant because they reveal a potential gap between **knowing, believing, and acting**. The research documents that many respondents already possess basic knowledge of Islamic rules concerning aesthetics, yet normative knowledge does not necessarily guarantee ethically responsible decision-making in actual situations.

This condition represents a significant issue for Islamic education. Islamic education traditionally addresses faith, worship, morality, character, and human development. However, contemporary technological and consumer environments generate new domains in which Islamic ethical competence must be practiced. Medical aesthetic consumption represents one such domain.

The present research therefore proposes that Islamic education should not merely provide prohibitions or permissions. Rather, it should cultivate the capacity to **reason ethically, evaluate risks, recognize benefits and harms, resist unhealthy social pressure, maintain bodily dignity, and make decisions in accordance with the objectives of Islamic law**.

This orientation is consistent with *Maqasid al-Shariah*. Al-Shatibi's framework emphasizes the preservation of essential human interests, while Ibn Ashur expands the discussion toward human dignity and broader dimensions of social welfare. Jasser Auda further develops a systems-oriented *Maqasid* approach that emphasizes multidimensionality, interconnectedness, openness, and purposefulness. The research literature contained in the dissertation identifies these thinkers as important theoretical foundations while also noting the absence of a direct conceptual application to medical-aesthetic education.

From the perspective of Islamic education, this integration is also relevant to *adab*, character formation, and *tazkiyat al-nafs*. Education should not simply increase the amount of information possessed by learners. It should transform knowledge into responsible action. In this context, medical aesthetics becomes a contemporary educational field in which religious knowledge, scientific knowledge, ethical reasoning, and character development must interact.

Therefore, the central problem addressed in this study is the absence of a sufficiently integrated educational framework capable of guiding Muslim women through contemporary medical-aesthetic decisions.

2. Research Gap

The literature reviewed in the dissertation can be grouped into several clusters. First, studies of social media and body image demonstrate that digital environments may intensify social comparison and dissatisfaction with physical appearance. Second, research on aesthetic consumption demonstrates the increasing commodification of beauty. Third, studies of cosmetic procedures have examined psychological outcomes such as self-esteem. Fourth, Islamic scholarship has developed substantial theories concerning *Maqasid al-Shariah*. Fifth, Islamic education literature has emphasized *adab*, character, moral education, and the integration of faith and knowledge. Nevertheless, these areas remain largely fragmented.

The research gap can therefore be expressed as follows:

Existing studies tend to examine beauty culture, medical aesthetics, Islamic jurisprudence, *Maqasid al-Shariah*, or Islamic education separately, whereas the present study seeks to integrate these domains into an educational framework for Muslim women.

This gap gives the study its conceptual significance.

3. Research Questions

This study addresses three central questions:

1. How is medical aesthetic education constructed within contemporary beauty culture and its associated social and digital environments?
2. What educational and ethical principles can be derived from *Maqasid al-Shariah* for guiding Muslim women's engagement with medical aesthetics?
3. What conceptual framework of Islamic medical aesthetic education can integrate religious literacy, medical literacy, digital literacy, ethical reasoning, and *Maqasid*-oriented decision-making?

4. Research Objective

The study aims to develop a conceptual framework for **Islamic medical aesthetic education based on *Maqasid al-Shariah*** that enables Muslim women to make aesthetic decisions that are ethically responsible, medically informed, spiritually grounded, and oriented toward *maslahah*.

B. METHOD

1. Research Design

This study employs a **sequential explanatory design with qualitative dominance**. The research begins with a descriptive preliminary survey, proceeds to qualitative inquiry, and concludes with the integration of empirical findings, *Maqasid al-Shariah* analysis, and educational synthesis.

The preliminary survey is not intended to test causal hypotheses or statistically generalize findings to the entire Muslim female population. Its function is to map the phenomenon and identify important patterns requiring deeper qualitative investigation.

2. Preliminary Survey

The survey instrument contains several dimensions:

Dimension	Main Indicators
Respondent profile	Age, education, occupation, region
Medical aesthetic experience	Treatment experience, type, frequency, purpose
Beauty culture	Beauty standards, body perception, desire to appear attractive
Social-media influence	Content exposure, influencers, advertising, social comparison
Medical-aesthetic literacy	Benefits, risks, indications, treatment information

Dimension	Main Indicators
Islamic ethical awareness	Intention, <i>halal-haram</i> , <i>maslahah</i> , harm, bodily change, <i>adab</i>
Treatment experience	Benefits, dissatisfaction, adverse effects, cost, regret
Educational needs	Medical, religious, ethical, psychological, and digital literacy

These dimensions are explicitly derived from the research instrument developed in the dissertation.

The instrument was reviewed through expert judgment involving experts in research methodology, Islamic education, medical aesthetics, and *fiqh/Maqasid al-Shariah*.

3. Qualitative Inquiry

The qualitative stage uses purposive selection based on information richness. Potential informant groups include Muslim women who use or may use medical aesthetic services, medical-aesthetic practitioners, Islamic education scholars, *fiqh/Maqasid* scholars, and medical-aesthetic or medical-education experts.

The qualitative data are analyzed thematically and subsequently mapped against the dimensions of *Maqasid al-Shariah*. The integration process seeks to identify convergence between empirical experience and Islamic educational principles.

C. RESULT AND DISCUSSION

Findings

1. Preliminary Survey Findings

The preliminary survey provides an empirical starting point for understanding the contemporary medical-aesthetic environment experienced by Muslim women. The most significant findings are summarized in Table 1.

Table 1. Key Preliminary Survey Findings on Medical Aesthetic among Muslim Women

No.	Survey Finding	Percentage	Educational Significance
1	Respondents influenced by social media in relation to beauty/aesthetic decisions	77.8%	Indicates the need for critical digital beauty literacy
2	Respondents who had experienced negative effects from aesthetic products/treatments	63.4%	Indicates the need for medical, ethical, and risk literacy
3	Respondents expressing the need for Islamic standards for medical aesthetics	Majority	Indicates demand for an Islamic ethical framework

Source: Preliminary survey findings documented in the research manuscript.

Figure 1. Preliminary Survey Findings among Muslim Women on Islamic Medical Aesthetic Education Based on *Maqasid al-Shariah*

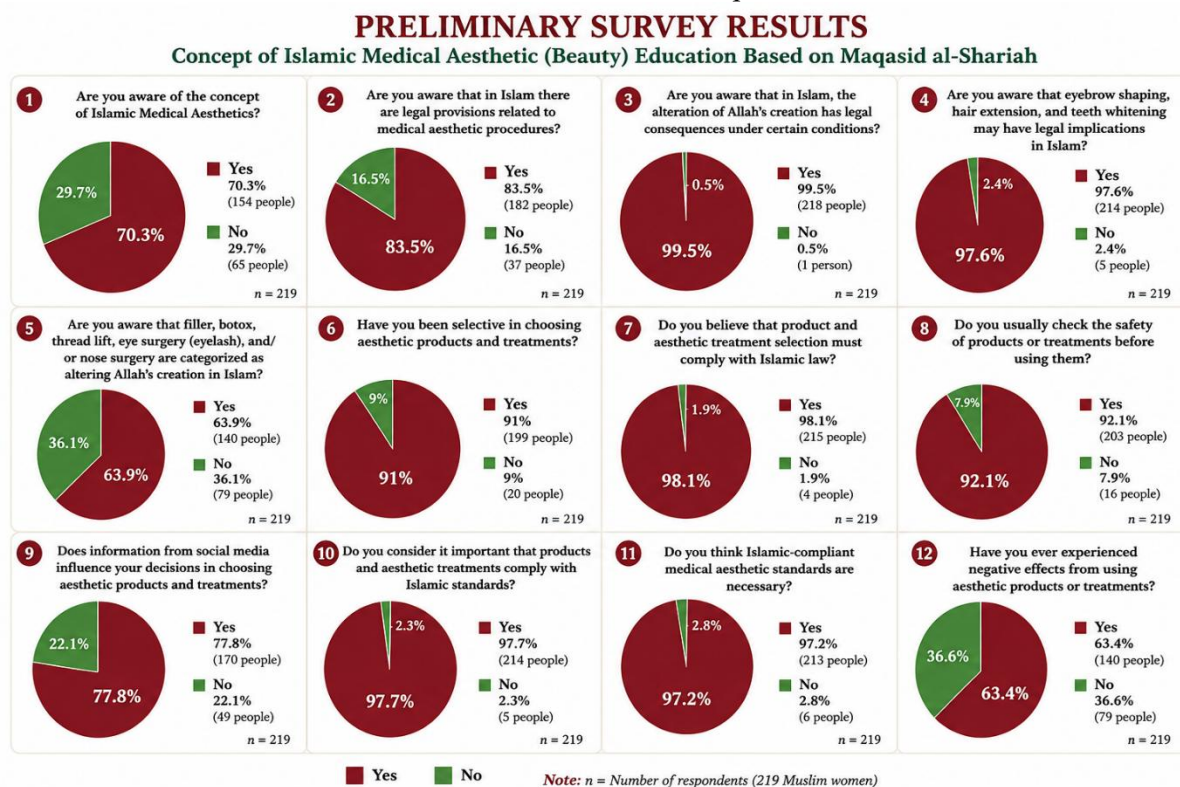


Figure 1 presents the complete preliminary survey results from 219 Muslim women. Unlike the earlier presentation, which highlighted only the two most prominent findings, this figure displays all twelve indicators as an integrated preliminary mapping of Muslim women's knowledge, awareness, behavior, and experiences in the field of medical aesthetics. Because this was a preliminary survey, the data are used descriptively to identify the phenomenon and determine the focus of the subsequent qualitative inquiry, rather than to claim population-level prevalence among Muslim women nationally.

Overall, the survey indicates relatively high levels of initial knowledge and awareness across most indicators. A total of 70.3% of respondents reported that they were familiar with the concept of Islamic medical aesthetics, while 83.5% knew that Islam provides legal guidance concerning medical-aesthetic procedures. Awareness of the principle that altering the human body may constitute a change to Allah's creation, except under certain medical circumstances, was particularly high at 99.5%. Likewise, 97.6% of respondents were aware that practices such as eyebrow plucking, hair extensions, and filing the teeth raise legal concerns from an Islamic perspective.

Regarding knowledge of specific aesthetic procedures, 63.9% of respondents recognized that fillers, thread lifts, eyelash extensions, eyebrow or lip embroidery, and similar procedures may fall within the category of bodily alteration. Furthermore, 91.0% stated that they were selective in choosing aesthetic products and treatments, while 98.1% believed that medical-aesthetic products and treatments should meet halal standards. These findings indicate a substantial foundation of normative knowledge and religious awareness upon which an Islamic medical aesthetic education framework can be developed.

With respect to precautionary behavior, 92.1% of respondents reported that they usually check the safety of a product or treatment before using it. Nevertheless, two findings are particularly strategic for the present study: the influence of social media and the experience of negative treatment outcomes. A total of 77.8% of respondents reported that information from social media influenced their decisions when selecting aesthetic products and treatments, while 63.4% reported having experienced negative effects from aesthetic products or treatments. These two findings provide the strongest empirical justification for the study because they reveal a potential gap between relatively high levels of normative knowledge and the complexity of the information environment and lived experiences confronting Muslim women.

On other indicators, 97.7% of respondents stated that aesthetic products and treatments should comply with Islamic principles, while 97.2% believed that medical aesthetics requires standards consistent with Islamic principles. The findings therefore demonstrate a strong demand for a framework that does more than classify procedures according to legal permissibility. Respondents also need educational standards that address ethical reasoning, medical literacy, risk awareness, and responsible decision-making.

When interpreted through the lens of *Maqasid al-Shariah*, the findings point to at least four educational domains that require strengthening. First, the 77.8% social-media influence finding demonstrates the importance of *hifz al-'aql* through critical digital and beauty literacy, enabling Muslim women to distinguish scientific information from commercial promotion, testimonials, visual manipulation, and industry-generated beauty standards. Second, the 63.4% experience of negative treatment outcomes is closely related to *hifz al-nafs*; education should therefore equip learners with an understanding of risks, indications, contraindications, practitioner competence, informed consent, and the principles of *maslahah* and *mafsadah*. Third, the high level of awareness of Islamic legal principles is related to *hifz al-din*, but education must move beyond legal knowledge toward value internalization and the ability to apply Islamic principles to concrete decisions. Fourth, selective treatment choices and safety checking can be connected to *hifz al-mal*, so that aesthetic decisions do not lead to wasteful spending, excessive consumption, or dependence on unnecessary treatments.

Thus, the preliminary survey does not simply indicate that Muslim women lack religious knowledge. Rather, it reveals a more substantive paradox: normative knowledge of Islamic principles is relatively strong, yet social-media influence remains substantial and negative treatment experiences are also considerable. This paradox constitutes a critical entry point for the present study. The problem is not merely how to determine whether an aesthetic procedure is *halal* or *haram*; it is how to educate Muslim women to integrate religious knowledge, medical knowledge, psychological awareness, digital literacy, risk assessment, and the pursuit of *maslahah* when making decisions about their bodies.

Accordingly, the preliminary survey provides the rationale for proceeding to the qualitative stage. In-depth interviews are intended to explore why social media exerts an influence as high as 77.8%, how respondents interpret the negative experiences reported by 63.4% of participants, how Islamic legal knowledge is translated into actual decisions, and what forms of education respondents perceive as necessary. The qualitative findings will subsequently be interpreted through the *Maqasid al-Shariah* frameworks of al-

Shatibi and Ibn Ashur to formulate a conceptual synthesis of Islamic medical aesthetic education based on *Maqasid al-Shariah*.

Note: n = 219 Muslim women. The percentages shown in Figure 1 are derived from the preliminary survey instrument/data and are used as an initial descriptive mapping to inform the subsequent qualitative stage.

The Islamic educational perspective on these preliminary findings can be further enriched by the scholarship of academics at Universitas Ibn Khaldun Bogor, particularly Maemunah Sa'diyah and Hendri Tanjung. In their study of social-media use and mental health in the context of Islamic Religious Education, Sa'diyah, Naskiyah, and Rosyadi conceptualize social media not merely as a communication tool but as an environment associated with identity formation and users' mental well-being. This perspective is directly relevant to the 77.8% finding in the present preliminary survey: the influence of social media on aesthetic choices should be understood as an educational issue because digital information, lifestyles, and representations of beauty can shape how individuals perceive themselves. Islamic medical aesthetic education, therefore, should not merely transmit procedural knowledge; it should also cultivate critical competence in navigating digital environments (Sa'diyah, Naskiyah, & Rosyadi, 2022).

This perspective becomes even more important when considered alongside the 63.4% rate of negative treatment experiences. Islamic education should not be reduced to the transfer of information; it should foster the internalization of values that shape attitudes and behavior. In their study of the urgency and curriculum evaluation of Islamic work ethics, Fanani, Sa'diyah, Ibdalsyah, and Tanjung emphasize the need for ethical education to be designed systematically through relevant educational content rather than left to develop spontaneously through the surrounding environment. Conceptually, this insight can be applied to medical aesthetic education: when aesthetic decisions have consequences for the body, psychological well-being, finances, and religious values, ethics should be treated as a structured educational competence rather than as supplementary knowledge acquired after treatment (Fanani, Sa'diyah, Ibdalsyah, & Tanjung, 2025).

Hendri Tanjung's contribution to Maqasid-oriented scholarship further strengthens the direction of this synthesis. In their study of human development through a *Maqasid* framework, Hasibuan, Tanjung, and Ibdalsyah demonstrate that health, education, and income can be examined through the preservation of religion, life, intellect, progeny, and wealth. This provides an important foundation for recognizing that human well-being cannot be reduced to a single dimension. In the context of medical aesthetics, physical health, psychological well-being, knowledge, religious values, and financial responsibility should be considered interconnected dimensions when evaluating an aesthetic decision. Accordingly, the present concept of *Maqasid*-based medical aesthetic education is directed toward developing the capacity to make decisions that preserve holistic human welfare rather than merely producing a desirable physical appearance (Hasibuan, Tanjung, & Ibdalsyah, 2019).

By incorporating these perspectives, the two central preliminary findings receive a stronger educational interpretation. The 77.8% finding indicates the need to cultivate critical engagement with the digital environment, whereas the 63.4% finding indicates the need to cultivate risk awareness and ethical responsibility toward the body. These two dimensions converge in a single educational paradigm: medical aesthetic education should transform knowledge into awareness, awareness into ethical reasoning, and

ethical reasoning into decisions oriented toward *maslahah*. This is the critical link between the preliminary survey and the central objective of the study: to formulate a concept of Islamic medical aesthetic education based on *Maqasid al-Shariah*.

2. Social Media as an Educational Challenge

The finding that 77.8% of respondents experienced social-media influence is theoretically significant. Social media is not simply a communication technology. It functions as a cultural environment in which particular understandings of beauty become normalized.

Digital beauty culture may encourage users to perceive particular facial characteristics, body shapes, skin conditions, or aesthetic procedures as necessary conditions of attractiveness. Consequently, the decision to undergo treatment may emerge not entirely from medical necessity or personal well-being but from internalized social expectations.

From an Islamic educational perspective, this creates the need for **critical digital literacy**. Learners must be equipped to ask:

1. Who created the content?
2. What commercial interests are involved?
3. Is the information medically reliable?
4. Is the image manipulated?
5. What assumptions about beauty are being promoted?
6. Does the content encourage responsible self-care or unhealthy comparison?

Thus, digital literacy becomes part of contemporary Islamic moral education.

3. Negative Treatment Experiences and the Principle of Harm Prevention

The finding that 63.4% of respondents reported negative experiences is equally important. It indicates that aesthetic consumption may involve physical, psychological, and economic risks.

This finding directly intersects with *Maqasid al-Shariah*, particularly **ḥifẓ al-nafs**, the preservation of human life and well-being. Medical aesthetic education therefore cannot be reduced to teaching whether an ingredient or procedure is halal. A procedure may raise additional questions concerning safety, proportionality, necessity, competence, informed consent, and potential harm.

Consequently, the educational framework must develop the capacity to evaluate both ***maslahah* and *mafsadah***.

The basic educational question should shift from:

“Is this treatment halal?”

toward a more comprehensive sequence:

“What is the intention?

What is the indication?

What are the benefits?

What are the risks?

Is the intervention proportionate?

What alternatives exist?

What are the physical, psychological, financial, social, and spiritual consequences?”

This shift represents one of the central conceptual contributions of the study.

4. From Normative Knowledge to Ethical Competence

The preliminary survey suggests a gap between **knowing, believing, and acting**. This finding is particularly important for Islamic education. Religious knowledge that remains at the level of memorized rules may not be sufficient to guide decisions in rapidly changing technological environments.

The educational challenge therefore concerns transformation:
religious information → understanding → ethical reasoning → responsible decision → character.

This is consistent with Islamic education's broader orientation toward the formation of morally responsible human beings.

Accordingly, medical aesthetic education should not be designed as a collection of fatwas or lists of permissible and prohibited procedures. It should become an educational process through which learners develop **religious literacy, medical literacy, ethical literacy, digital literacy, and Maqasid literacy**.

5. Medical Aesthetic Education through the Lens of Maqasid al-Shariah

The theoretical framework developed in the dissertation enables the empirical findings to be interpreted through several *Maqasid* dimensions.

Table 2. Mapping Preliminary Findings to *Maqasid*-Oriented Educational Objectives

Empirical Issue	Maqasid Dimension	Educational Response
Social-media pressure	<i>Ḥifẓ al-ʿaql</i>	Critical media and information literacy
Unsafe treatment	<i>Ḥifẓ al-nafs</i>	Medical and patient-safety literacy
Excessive aesthetic consumption	<i>Ḥifẓ al-māl</i>	Responsible consumption education
Anxiety about appearance	<i>Karāmah</i> / human dignity	Body acceptance and self-worth
Lack of practical religious reasoning	<i>Ḥifẓ al-dīn</i>	Applied Islamic ethical literacy
Excessive alteration of the body	Preservation of human dignity, proportionality	<i>Maqasid</i> -based ethical reasoning
Psychological dependence on beauty standards	<i>Tazkiyat al-nafs</i>	Self-awareness and spiritual formation

This table represents a conceptual synthesis rather than a statistical test.

Discussion

1. Toward a Holistic Islamic Educational Framework

The findings indicate that contemporary medical-aesthetic education requires an interdisciplinary approach.

The first dimension is **religious literacy**. Muslim women need sufficient knowledge of Islamic principles concerning intention, bodily modification, modesty, necessity, harm, and *maslahah*.

The second dimension is **medical literacy**. Religious decision-making cannot be separated from knowledge of risks, indications, contraindications, treatment mechanisms, and professional competence.

The third dimension is **digital literacy**. Because social media has a substantial influence on aesthetic perceptions, learners need the ability to critically evaluate digital content.

The fourth dimension is **ethical literacy**. Learners should be able to reason about competing values rather than merely identify legal categories.

The fifth dimension is **psychological and spiritual literacy**. A healthy relationship with the body requires self-acceptance, dignity, and *tazkiyat al-nafs* rather than endless dependence on external appearance.

These dimensions correspond with the broader educational orientation found in the literature of Islamic education, where *adab*, character, moral formation, and integration of faith and knowledge are central. The literature reviewed in the dissertation identifies Al-Attas, An-Nahlawi, Langgulong, Muhaimin, Nata, and other Islamic education scholars as relevant foundations for this educational orientation.

2. Qur'anic and Prophetic Foundations of the Findings

The empirical findings become more meaningful when read together with the Qur'anic and Prophetic foundations developed in Chapters I and II of this study. The Qur'an does not present medical aesthetics as a modern technical category; rather, it provides broader principles concerning human dignity, bodily care, moderation, responsibility, and the limits of bodily alteration. These principles provide the normative basis for interpreting the preliminary survey through an Islamic educational framework.

First, the Qur'anic affirmation of human dignity provides an essential starting point. Allah states in Qur'an 95:4: "Indeed, We created humankind in the best of forms" (Qur'an 95:4). In the context of medical aesthetic education, this verse should not be reduced to a prohibition against caring for one's appearance. Rather, it establishes that the human body possesses an inherent dignity that should not be subordinated to commercial or socially manufactured standards of beauty. The 77.8% social-media influence finding is therefore educationally significant: learners need to distinguish between caring for the body as a dignified creation and pursuing an externally imposed ideal that may generate dissatisfaction, anxiety, or excessive consumption.

Second, the Qur'anic discussion of changing Allah's creation in Qur'an 4:119 provides an important ethical boundary, but it must be interpreted carefully. The verse records Satan's declaration that he will command people to "change the creation of Allah" (Qur'an 4:119). In this study, the verse is not treated as a blanket text declaring every medical or aesthetic intervention unlawful. Its relevance lies in the ethical question of unnecessary, excessive, or impermissible alteration. As established in Chapter II, the legal assessment must therefore consider intention, necessity, benefit, harm, proportionality, and the nature of the procedure. This distinction is crucial for education because it prevents both uncritical acceptance of aesthetic technology and an overly simplistic rejection of every form of bodily care.

Third, the Qur'anic command concerning consumption and moderation is directly relevant to aesthetic culture. Allah says, "Eat and drink, but do not be excessive.

Indeed, He does not like those who commit excess” (Qur’an 7:31). Although the verse addresses eating and drinking directly, the principle of avoiding excess has wider ethical relevance to patterns of consumption. In medical aesthetics, this principle supports *hifẓ al-māl* and responsible consumption: aesthetic care should not become an endless cycle of unnecessary procedures, impulsive purchasing, or financially burdensome consumption driven by social pressure. The educational objective is therefore not merely to teach consumers what products exist, but to develop the ability to distinguish legitimate care from excess.

Fourth, the Prophetic statement “Indeed, Allah is beautiful and loves beauty” (Ṣaḥīḥ Muslim, no. 91) provides an important balance. The hadith demonstrates that Islam does not reject beauty as such. The same hadith connects the issue to the meaning of arrogance, distinguishing beauty from pride and self-exaltation. Consequently, beauty can be acknowledged as a legitimate human value without becoming the supreme criterion of human worth. This distinction is central to the proposed educational paradigm: medical aesthetic education should cultivate appreciation of beauty while preventing beauty from becoming a source of narcissism, social comparison, or diminished self-worth.

Fifth, the Prophetic principle “There should be neither harm nor reciprocating harm” (*lā ḍarar wa-lā ḍirār*) provides a direct ethical foundation for interpreting the 63.4% of respondents who reported negative effects from aesthetic products or treatments. This principle, transmitted in the hadith collections including Sunan Ibn Mājah (no. 2341), establishes harm prevention as a central consideration in Islamic legal and ethical reasoning. Within medical aesthetic education, it requires learners to understand treatment indications, contraindications, adverse effects, practitioner competence, informed consent, and safer alternatives. Thus, the 63.4% finding is not merely a consumer-satisfaction statistic; it represents an educational signal that *hifẓ al-nafs* must be translated into concrete patient-safety literacy.

Sixth, the Prophetic teaching that “your body has a right over you” (Ṣaḥīḥ al-Bukhārī, no. 5199; Ṣaḥīḥ Muslim, no. 1159) strengthens the educational principle of bodily stewardship. The body is neither an object to be despised nor an unrestricted object of modification. It carries rights and responsibilities. This middle position is especially important in contemporary beauty culture, where individuals may move between two extremes: neglecting health in the name of religious asceticism or pursuing appearance through excessive intervention. A Maqasid-based educational framework seeks a balanced position in which bodily care, health, dignity, moderation, and spiritual purpose are integrated.

Seventh, the Prophetic prohibition of certain forms of cosmetic alteration provides a more specific normative dimension. In Ṣaḥīḥ al-Bukhārī and Ṣaḥīḥ Muslim, the Prophet condemned practices including tattooing, hair extensions, and filing the teeth for beautification. Chapter II uses these narrations as part of the discussion of *taghyīr al-khalq*. For the present study, however, these texts should function educationally rather than as a substitute for contemporary clinical assessment. Learners must be taught to distinguish permanent or impermissible alteration from legitimate medical treatment, therapeutic reconstruction, hygiene, and procedures whose ruling depends on purpose, necessity, safety, and other relevant circumstances.

These Qur'anic and Prophetic foundations clarify why the preliminary survey reveals a problem deeper than a simple lack of religious knowledge. Respondents demonstrate substantial awareness of Islamic norms: 83.5% recognize that Islam provides legal guidance concerning medical-aesthetic procedures, 98.1% believe that aesthetic products and treatments should meet halal standards, and 97.2% believe that medical aesthetics requires standards consistent with Islamic principles. Yet 77.8% report social-media influence and 63.4% report negative treatment experiences. The central educational challenge is therefore the transformation of normative knowledge into practical ethical competence.

From the perspective of *Maqasid al-Shariah*, the Qur'anic and Prophetic principles can be mapped onto the educational objectives identified in the findings. Qur'an 95:4 and the Prophetic recognition of beauty support human dignity and balanced appreciation of beauty; Qur'an 4:119 provides a caution concerning unjustified bodily alteration; Qur'an 7:31 supports moderation and responsible consumption; the principle of *lā ḍarar wa-lā ḍirār* supports *ḥifẓ al-nafs* and patient safety; and the teaching concerning the body's rights supports responsible bodily stewardship. Together, these sources demonstrate that an Islamic medical aesthetic curriculum should integrate religious literacy, medical literacy, ethical reasoning, digital literacy, financial responsibility, psychological awareness, and *tazkiyat al-nafs*.

Accordingly, the proposed educational sequence can be expressed as: Qur'anic and Prophetic guidance → understanding of purpose and dignity → medical and risk literacy → critical evaluation of beauty culture → *Maqasid*-based ethical reasoning → responsible aesthetic decision-making → preservation of health, dignity, faith, intellect, and wealth. This sequence strengthens the study's central argument that the contribution of Islamic medical aesthetic education is not to produce another catalogue of permissible and prohibited procedures, but to form a morally responsible decision-maker who can navigate contemporary aesthetic technologies in pursuit of genuine *maslahah*.

3. Theoretical Contribution: From *Halal-Haram* to *Maqasid*-Based Decision Making

One of the central implications of the findings is the need to broaden the educational paradigm from a binary *halal-haram framework* toward *Maqasid*-based decision making.

This does not mean abandoning Islamic legal norms. Rather, legal norms become integrated within a broader educational process that considers:

1. Intention;
2. Necessity;
3. Benefit;
4. Harm;
5. Proportionality;
6. Safety;
7. Psychological impact;
8. Social consequences;
9. Financial responsibility; and
10. Spiritual consequences.

Al-Shatibi's *Maqasid* framework provides the foundational orientation toward preservation of essential human interests. Ibn Ashur's emphasis on human dignity provides an important conceptual bridge to body-related ethical questions. Jasser Auda's systems approach makes it possible to consider medical aesthetic decisions as multidimensional phenomena rather than isolated legal cases. The dissertation literature identifies precisely these theoretical resources as the foundation for developing a new educational application.

The contribution of this study therefore lies not in proposing another classification of cosmetic procedures, but in **educating the decision-maker**.

4. Proposed Conceptual Framework

Based on the integration of the preliminary findings, theoretical literature, and educational perspective, this study proposes the following conceptual structure:



A Muslim woman who is able to:

- Critically select information;
- Distinguish need from desire;
- Assess benefit and harm;
- Understand medical risks;
- Consider Islamic values;
- Protect dignity;
- Manage aesthetic consumption;

- Resist unhealthy social pressure; and
- Maintain balance between physical appearance and spiritual well-being.

This conceptual framework is consistent with the research objective of formulating a holistic Islamic educational paradigm that balances physical health, beauty, morality, intellectual development, and spiritual development.

5. Implications for Islamic Education

The findings have several implications for Islamic education.

First, the scope of contemporary Islamic education should respond to emerging technological and social realities. Medical aesthetics is one example of a modern domain in which Muslims require practical ethical competence.

Second, curriculum development should integrate religious knowledge with scientific and digital literacy. A learner who understands religious rules but cannot evaluate medical information remains vulnerable to misinformation.

Third, Islamic education should cultivate **decision-making competence**, not merely declarative knowledge.

Fourth, character education should incorporate self-respect, moderation, responsibility, self-control, and acceptance of the body as an *amanah*.

Fifth, *tazkiyat al-nafs* can provide a spiritual foundation for preventing the transformation of beauty care into an endless pursuit of external validation.

D. CONCLUSION

This study demonstrates that contemporary medical aesthetic practices present an emerging educational challenge for Muslim women. The preliminary survey identifies two particularly significant findings: **77.8% of respondents reported being influenced by social media**, while **63.4% reported experiencing negative effects from aesthetic products or treatments**.

These findings indicate that the central problem is not merely the absence of Islamic legal knowledge. Rather, there is a gap between normative knowledge and practical ethical decision-making. Muslim women require an educational framework that enables them to transform religious principles into responsible decisions within a technologically sophisticated and commercially driven beauty environment.

The study therefore proposes **Islamic medical aesthetic education based on *Maqasid al-Shariah***. Such education should integrate religious literacy, medical literacy, digital literacy, ethical reasoning, psychological awareness, *tazkiyat al-nafs*, character education, and *Maqasid*-based decision-making.

The principal conceptual contribution is the shift from an exclusively ***halal-haram-oriented approach toward an educational paradigm centered on purpose, benefit, harm prevention, dignity, proportionality, and responsible decision-making***.

Future research should empirically validate the proposed educational framework through larger samples, actual qualitative interviews and focus groups, curriculum development, and intervention studies measuring changes in knowledge, ethical reasoning, digital literacy, and decision-making among Muslim women.

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