

Sexual Ethics, Medical Risks, and Marital Harmony: An Analysis of Oral Sex from the Perspectives of Bioethics and Islamic Family Law

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ABSTRACT

Purpose – This article discusses the practice of oral sex in marriage as a contemporary issue that reveals normative tensions between medical bioethics and Islamic family law. This study aims to analyze the practice of oral sex not only from the perspective of Islamic law but also by considering the medical risks, sexual ethical dimensions, and its impact on husband-wife relations within the framework of contemporary Islamic family law.

Methods – This qualitative study with a normative legal research type uses an interdisciplinary approach, including *fiqh* and Islamic family law approaches, Islamic bioethics, and medical bioethics studies based on international scientific literature. Data were obtained through a literature study of classical and contemporary Islamic legal sources, as well as national and international journal articles in the fields of bioethics and sexual health, which were analyzed normatively, analytically, and comparatively using the *maqāṣid al-shari‘ah* framework.

Findings – This study confirms that the practice of oral sex in marriage must be analyzed multidimensionally, considering medical risks, sexual ethics, and the quality of the husband-wife relationship. Medical bioethics findings indicate potential health risks that require caution, while Islamic bioethics and *maqāṣid al-shari‘ah* provide a normative framework that emphasizes the protection of life, human dignity, and family welfare. Simultaneously, contemporary Islamic family law analysis reveals that the impact of oral sex on marital relations is highly dependent on the principles of equal consent, open communication, and balance of power in the relationship.

Research implications – This finding implies the need for a reconstruction of sexual ethics in Islamic family law that is not permissive without limits but also does not reject medical science findings, instead integrating them critically for the benefit of the family.

Originality/value – The originality of this research lies in its integrative approach to examining oral sex through a synthesis of medical bioethics, Islamic bioethics, and contemporary Islamic family law, thereby offering a more comprehensive and relevant normative-ethical perspective on Islamic law in the modern era.

Keywords: *Sexual Ethics, Medical Risks, Marital Harmony, Oral Sex, Bioethics*

Introduction

Sexuality is one of the fundamental dimensions of Islamic marriage, serving not only as a means of reproduction but also as a medium for forming emotional, psychological, and spiritual relationships between husband and wife. In contemporary Muslim society, sexual expression and practices in marriage have undergone significant changes. The globalization of information and openness of discourse on reproductive health through digital media have given rise to a variety of sexual practices that were previously rarely discussed openly.¹ One such practice is oral sex, which in social reality is often practiced as part of efforts to fulfill sexual needs and maintain harmony in the husband-wife relationship. Historically, this practice was considered an ancient tradition among the Hebrews, Greeks, and Kamastura people.² This practice is influenced by several factors, including morality, religion, medicine, technology, the media, and the law.³ Since ancient times, some cultures and religions have considered it barbaric, taboo, and unusual. The trend of oral sex has increased significantly, especially in the 2nd century.⁴

Several articles in international health journals have reported the potential medical risks associated with this practice, such as the transmission of certain sexually transmitted infections, oral health disorders, and long-term reproductive health implications. Research conducted in the United States, the United Kingdom, Europe, Australia, and Africa has revealed an increase in the prevalence of oral sex in addition to penetrative vaginal sex.⁵ The US National Health and Social Life Survey (NHSLS) in the early 1990s found that approximately 75-80% of sexually active adults aged 18-59 had engaged in oral sex with an

¹ Lana Sirri, *Islamic Feminism: Discourses on Gender and Sexuality in Contemporary Islam* (Routledge, 2020), <https://doi.org/10.4324/9781003023289>.

² Cennikon Pakpahan et al., “Framing and Understanding the Whole Aspect of Oral Sex from Social and Health Perspective: A Narrative Review,” *F1000Research* 11 (2022): 177, <https://doi.org/10.12688/f1000research.108675.3>.

³ Cennikon Pakpahan et al., “Framing and Understanding the Whole Aspect of Oral Sex from Social and Health Perspective: A Narrative Review,” *F1000Research* 11, no. 177 (2022), <https://doi.org/10.12688/f1000research.108675.1>; Justin R. Garcia et al., “Sexual Hookup Culture: A Review,” *Review of General Psychology* 16, no. 2 (2012): 161–76, <https://doi.org/10.1037/a0027911>.

⁴ Afeez Abolarinwa Salami et al., “Oral Sex, Oral Sex Protective Barriers, And Oral Cancer: A Triple Concern,” *Indian Journal of Contemporary Dentistry* 12, no. 1 (2024), <https://doi.org/10.37506/k4s7f856>.

⁵ Imran Oludare Morhason-Bello et al., “Prevalence of, and Factors Associated with Oral Sexual Behaviours in Men and Women in Ibadan, Nigeria,” *PLOS One* 20, no. 7 (2025): e0328454, <https://doi.org/10.1371/journal.pone.0328454>.

opposite-sex partner in the past year.⁶ Additionally, a multinational study in 26 countries found an average prevalence of 38% for recent oral sex involvement, with figures ranging from over 70% in countries such as Austria and the United States to lower rates in Southeast Asia, illustrating significant cultural variation.⁷

From the perspective of family psychology and sexual health, variations in sexual practices, as long as they are consensual, can contribute to relational satisfaction and intimate communication between partners.⁸ Advances in medical science and bioethics present a different perspective on oral sex practices.⁹ Modern medical bioethics emphasizes the principles of non-maleficence (not causing harm), beneficence (providing benefits), and informed consent in any practice involving the human body.¹⁰ This perspective places oral sex not merely as a private choice of couples but as a practice that needs to be considered ethically based on its health risks and impacts.

However, this practice remains a gray area in Islamic legal discourse, mainly due to the lack of explicit discussion in classical *fiqh* literature.¹¹ Normative tensions arise when *fiqh* and medical bioethics perspectives are placed within a single analytical framework. Some contemporary scholars and *fiqh* studies tend to use the principle of permissibility (*al-*as*l fi al-*ashyā'* al-*ibāhah**) to assess sexual practices that are not explicitly prohibited by *nash*, while medical bioethics studies emphasize the principle of caution based on scientific evidence.¹² This condition highlights the potential for disharmony between normative permissibility in Islamic law and ethical-medical considerations that have developed in modern health science. To date, systematic dialogue between the two approaches has been relatively limited in

⁶ Casey E. Copen et al., “Sexual Behavior, Sexual Attraction, and Sexual Orientation Among Adults Aged 18-44 in the United States: Data From the 2011-2013 National Survey of Family Growth,” *National Health Statistics Reports*, no. 88 (January 2016): 1–14.

⁷ Kevan Wylie, “A Global Survey of Sexual Behaviours,” *Journal of Family and Reproductive Health* 3, no. 2 (2019).

⁸ Roberta Galizia et al., “Sexual Satisfaction Mediates the Effects of the Quality of Dyadic Sexual Communication on the Degree of Perceived Sexual Desire Discrepancy,” *Healthcare* 11, no. 5 (2023), <https://doi.org/10.3390/healthcare11050648>.

⁹ Elisabeth Gordon, “The Ethics of Medical Sexual Health Education and Its Provision,” *Current Sexual Health Reports* 14, no. 3 (2022): 99–105, <https://doi.org/10.1007/s11930-022-00330-1>.

¹⁰ Maryam Shirmohammadi et al., “Ethical Considerations in Sexual Health Research: A Narrative Review,” *Iranian Journal of Nursing and Midwifery Research* 23, no. 3 (2018): 157–66, https://doi.org/10.4103/ijnmr.IJNMR_60_17.

¹¹ Muhammad Khusna Syah and Hudallah, “Oral Sex in the Perspective of Islamic Law,” *Ushul Al-Hukm: Jurnal Syariah Dan Hukum Islam* 1, no. 1 (2025): 23–28, <https://doi.org/10.61166/ushulalhukm.v1i1.3>.

¹² Muhammad Farhan Abdul Rahman et al., “Islamic Bioethics Construction,” *Journal of Comprehensive Science* 4, no. 3 (2025), <https://doi.org/10.59188/jcs.v4i3.3091>.

Islamic family law studies.¹³ Furthermore, sexual practices in marriage cannot be separated from power relations and gender justice issues.¹⁴ Oral sex has the potential to become an arena for unequal negotiation, especially when the concept of “sexual obligation” is understood literally and hierarchically. In this context, oral sex can be problematic if it is performed without equal consent or used as a standard for fulfilling the rights of one party.¹⁵

Existing studies are generally fragmented. *Fiqh* research tends to focus on legal classifications (*halal*, *makrūh*, or *haram*) without considering contemporary medical evidence. This normative study has been discussed by previous researchers, such as Syah.¹⁶ Other researchers have also discussed bioethics from an Islamic perspective, such as Bakar,¹⁷ Padela,¹⁸ Hamza,¹⁹ and Farhan,²⁰ but they did not explicitly discuss oral sex. Meanwhile, studies on sexual health often ignore the normative and religious dimensions that exist in Muslim societies, as done by Noor,²¹ Wong,²² and Alomair.²³ There is also a lack of research that specifically places oral sex within the framework of Islamic family law using an Islamic bioethical approach based on *maqāṣid al-shari‘ah*, particularly the protection of lives (*hijz al-nafs*), offspring (*hijz al-nasl*), and human dignity. This study occupies a strategic position to fill this gap by offering an interdisciplinary approach that not only determines the normative status but also considers aspects of health, benefit, and relational justice. Thus, this article

¹³ Miftahul Umam et al., “The Discourse on Sexuality in Islamic Bioethics Perspective Ingrid Mattson,” *Jurnal Indo-Islamika* 12, no. 2 (2022): 129–226, <https://doi.org/10.15408/jii.v12i2.28756>.

¹⁴ Annika Gunst et al., “A Qualitative Content Analysis of Perceived Individual and Relational Consequences of Sexual Compliance and Their Contributors,” *Archives of Sexual Behavior* 53, no. 8 (2024): 3025–41, <https://doi.org/10.1007/s10508-024-02948-9>.

¹⁵ Julia Kristine Metz, “Contesting Consent: Consent, Sexual Scripts, and Gendered Power” (Graduate Research Theses & Dissertations, Northern Illinois University, 2019), <https://huskiecommons.lib.niu.edu/allgraduate-thesesdissertations/7437>.

¹⁶ Syah and Hudallah, “Oral Sex in the Perspective of Islamic Law.”

¹⁷ Osman Bakar, “Islamic Bioethics: Religion, Science, and Technology,” in *Oxford Research Encyclopedia of Religion* (Oxford University Press, 2024), <https://oxfordre.com/religion/display/10.1093/acrefore/9780199340378.001.0001/acrefore-9780199340378-e-1162>.

¹⁸ Aasim I. Padela, “Using the Maqāṣid Al-Shari‘ah to Furnish an Islamic Bioethics: Conceptual and Practical Issues,” *Journal of Bioethical Inquiry* 16, no. 3 (2019): 347–52, <https://doi.org/10.1007/s11673-019-09940-2>.

¹⁹ Hamza Yusuf Hanson, “Principles of Islamic Bioethics,” in *Caring for Muslim Patients*, 2nd ed. (Routledge, 2008).

²⁰ Rahman et al., “Islamic Bioethics Construction.”

²¹ Muhammad Naveed Noor et al., “Barriers to Sexual Health Care for Sexually Diverse Muslim Men: A Scoping Review,” *Sexual Health* 21, no. 3 (2024): SH24022, <https://doi.org/10.1071/SH24022>.

²² Josephine Pui-Hing Wong et al., “Understanding the Sexuality and Sexual Health of Muslim Young People in Canada and Other Western Countries: A Scoping Review of Research Literature,” *The Canadian Journal of Human Sexuality* 26, no. 1 (2017): 48–59, <https://doi.org/10.3138/cjhs.261-C1>.

²³ Noura Alomair et al., “Factors Influencing Sexual and Reproductive Health of Muslim Women: A Systematic Review,” *Reproductive Health* 17, no. 1 (2020): 33, <https://doi.org/10.1186/s12978-020-0888-1>.

makes a novel contribution, both thematically and methodologically, to the development of Islamic family law studies.

This study departs from the question of how the practice of oral sex in husband-wife relations is understood and assessed within the framework of contemporary Islamic family law when confronted with the development of modern medical bioethics in two ways. This study aims to analyze Islamic legal views, both in classical *fiqh* literature and contemporary *fiqh* thought, on the practice of oral sex, and to examine medical bioethical assessments that highlight health risks, the principle of precaution, and consent in this practice. In addition, this study seeks to examine the implications of oral sex on marital relations, particularly in the context of relational justice, protection of spouses' dignity, and the dynamics of consent in marriage. By integrating the perspectives of Islamic bioethics and Islamic family law, this study aims to formulate a normative-ethical framework that does not solely focus on formal legality but is also oriented towards the welfare, health, and harmony of husband-wife relationships in the context of contemporary Muslim society.

Methods

This qualitative study is descriptive-analytical normative legal research and uses an interdisciplinary approach. A normative-religious approach is used to examine Islamic legal views on oral sex practices in marital relationships based on Islamic legal sources such as the Qur'an, hadith, *fiqh* rules, and classical and contemporary *fiqh* literature. In addition, this study uses a conceptual and Islamic bioethics approach to analyze key concepts such as the sexual rights and obligations of husbands and wives, consent, benefit, and the principle of medical caution in sexual practices. The research data consist of primary data in the form of *fiqh* literature and Islamic legal thought, as well as secondary data in the form of national and international scientific journal articles in the fields of Islamic family law, Islamic bioethics, and sexual health, which were collected through systematic and selective literature studies.

Data analysis was conducted qualitatively and normatively, using deductive and comparative patterns. The general principles of Islamic law and Islamic bioethics were analyzed and applied to the context of oral sex in marriage, and then compared with modern medical bioethics findings to identify points of convergence and normative tensions. The theoretical framework of this study is based on the integration of the theory of *maqāṣid al-shari‘ah*, particularly the protection of life, offspring, and human dignity; the theory of Islamic bioethics, which emphasizes the principles of non-maleficence, beneficence, and informed

consent; and the theory of relational ethics in Islamic family law, which is oriented towards justice and balance in the relationship between husband and wife. This integrated framework is used to construct a comprehensive and contextual normative-ethical analysis of oral sex practices in contemporary Islamic family law.

Result and Discussion

Overview of Oral Sex: Definition and Medical Risks

Oral sex is a sexual activity involving genital stimulation using the mouth. It is widely practiced by sexually active male-female (heterosexual) and same-gender (homosexual) couples of various ages, including adolescents. It involves oral-vaginal contact (*cunnilingus*), oral, penile contact (*fellatio*), and oral, anal contact (*anilingus*).²⁴ Many people practice oral sex as a form of foreplay before regular sex, while some consider it real sex to satisfy their urge. Oral sex is considered an ancient activity in manuscripts from previous generations. This practice is depicted in Hebrew, Greek, and Arab manuals and in the reliefs on several historical buildings. This practice is influenced by several moral, religious, medical, legal, and cultural factors in the country. Several cultures and religions perceive oral sex as weird, taboo, and unusual. However, the trend towards oral sex has increased prominently. The development of technology and media also supports this trend. In modern times, oral sex has become a form of entertainment. It is introduced in films, music videos, song lyrics and literature. Some scenes in movies are shown in public cinema, presenting men and women actively and even unstimulated in sexual positions, including oral sex.²⁵

According to Wylie, this is an extensive survey of 26,032 participants aged > 16 years in 26 countries from the Americas, Europe, Asia, and Australia. He opined that 38% of the participants engaged in oral sex as a sexual activity. Oral sex has a very high prevalence among all sexual orientation groups.²⁶ In developing countries in Africa, such as Nigeria, it has been reported that the influence of social media affects a person's sexual attitudes and behaviors. Of the 400 respondents, 352 had engaged in oral sex. Some of them studied this behavior online.²⁷ Despite sexual orgasm between partners, oral sex can also be defined as sexual

²⁴ Rajiv Saini et al., "Oral Sex, Oral Health and Orogenital Infections," *Journal of Global Infectious Diseases* 2, no. 1 (2010): 57–62, <https://doi.org/10.4103/0974-777X.59252>.

²⁵ Filmsite, 'Sex in Cinema: Pre-1920s Greatest and Most Influential Erotic/Sexual Films and Scenes', available at <https://www.filmsite.org/sexinfilms1.html>, accessed March 16, 2025

²⁶ Wylie, "A Global Survey of Sexual Behaviours."

²⁷ Olusesan S. Asekun-Olarinmoye et al., "Effect of Mass Media and Internet on Sexual Behavior of Undergraduates in Osogbo Metropolis, Southwestern Nigeria," *Adolescent Health, Medicine and Therapeutics* 5 (2014): 15–23, <https://doi.org/10.2147/AHMT.S54339>.

harassment and violence.²⁸ It is a form of sexual violence that can occur between couples. The rate of oral sex as an act of harassment varies widely across different studies. This implies that investigations of sexual harassment do not have to focus on vaginal or anal genitals. However, tracing oral organs is also necessary to confirm the allegations of sexual misconduct. Evidence, for example, can be obtained by detecting sperm or seminal plasma in the victim's mouth in cases of *fellatio* or by performing penile swabs in cases of *cunnilingus*.²⁹ The various types of oral sex performed are as follows: 1) Cunnilingus (Oral Vaginal Contact): Oral stimulation of a woman's vagina and/or vulva, especially her clitoris, by her partner's lips and tongue;³⁰ 2) Fellatio (Oral Penile Contact): Stimulation of a man's penis by his partner's mouth, usually by licking or sucking;³¹ 3) Analingus (Oral Anal Contact): Stimulation of the partner's anus with the tongue or lip.³²

It is medically proven that oral sex is not safe. Because oral sex usually involves sucking or licking a partner's genitals or anus, a person is likely to come into contact with genital fluids or feces, which puts them at risk of many STIs. These genital fluids contain dangerous infections. Various channels in the oral cavity that serve as gateways for infection from the mouth to the bloodstream include open sores, cuts, abrasions, or bleeding from gum disease (gingivitis, periodontitis), through which the virus can enter the systemic circulation. A tabular clinical depiction and silhouette of the various venereal diseases and infections spread through oral sex, along with the possible channels of passage, are presented below.³³

Table 1. Oral sex: Venereal Diseases and Infections³⁴

Infections/ Diseases	Clinical Picture and Profile	Frequent Transmission Mode
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²⁸ S. M. Keating, "Oral Sex—A Review of Its Prevalence and Proof," *Journal - Forensic Science Society* 28, nos. 5–6 (1988): 341–55, [https://doi.org/10.1016/s0015-7368\(88\)72863-7](https://doi.org/10.1016/s0015-7368(88)72863-7).

²⁹ S. M. Keating and D. F. Higgs, "Oral Sex—Further Information from Sexual Assault Cases," *Journal - Forensic Science Society* 32, no. 4 (1992): 327–31, [https://doi.org/10.1016/s0015-7368\(92\)73089-8](https://doi.org/10.1016/s0015-7368(92)73089-8).

³⁰ Saini et al., "Oral Sex, Oral Health and Orogenital Infections."

³¹ Nicole Schmidt, "What Is Oral Sex?," WebMD, accessed January 19, 2026, <https://www.webmd.com/sex/what-is-oral-sex>.

³² Saini et al., "Oral Sex, Oral Health and Orogenital Infections."

³³ Saini et al., "Oral Sex, Oral Health and Orogenital Infections."

³⁴ Saini et al., "Oral Sex, Oral Health and Orogenital Infections."

Human Immuno- deficiency Virus (HIV)	<ul style="list-style-type: none"> - Life-threatening sexually transmitted disease. - Hamper the immune system, especially CD₄ cells. - Secondary and superinfection proceed. - No specific cure, although highly active antiretroviral therapy (HAART) has some significant effects 	Cunnilingus, fellatio and anilingus
Gonorrhea	<ul style="list-style-type: none"> - Sexually transmitted disease. - Sore throat. - Burning sensation and discharge from the penis. - In extreme cases, infertility and tubal ligation in women. - Increases the HIV load. - Treatment with antibiotics under proper medical visualization 	Fellatio
Syphilis	<ul style="list-style-type: none"> - Sexually transmitted disease. - Easily passed through contact with open sores (commonly called chancres) on the penis, anus, or mouth (White spots in the mouth) - Sores, warts, and rashes from syphilis infection are painless. - Left untreated, syphilis can eventually cause brain damage, heart disease, blindness, and death. - Open syphilis sores or chancres provide an easy entry and exit for HIV and can increase the viral load. - Antibiotic coverage and periodic medical check-ups are the primary treatments 	Analingus, cunnilingus and fellatio
Chlamydia	<ul style="list-style-type: none"> - STD caused by Chlamydia trachomatis bacteria affects women more than men. - Common features include pain while urinating, smelly vaginal or penile discharge, and spotting after intercourse, which can be found in the throat but less commonly than gonorrhea. 	Fellatio, cunnilingus and anilingus

	<ul style="list-style-type: none"> - In extreme cases, severe damage to the women's reproductive system, including permanent infertility. - Increases HIV viral load. 	
Herpes	<ul style="list-style-type: none"> - STD caused by herpes simplex virus is the most common cause of genital ulceration. There are two types of the virus: Type 1 mainly affects the lip, causing cold sores, and Type 2 causes blisters on the genitals. - Sores and blisters (usually on the lips, genitals, or anus) are very infectious and painful. - Research suggests that having genital herpes can more than double your risk of HIV infection. - Some individuals with herpes usually experience periodic outbreaks throughout their lives. - Treatment can reduce the frequency and severity of herpes outbreaks, but there is no cure. 	Fellatio, cunnilingus and anilingus
Human papillomavirus (Genital warts)	<ul style="list-style-type: none"> - HPV infection and genital warts are the most common STDs. - Warts usually appear on the penis or in the anus, but may also occur in or around the mouth or lips. Genital warts may be more common and more challenging to treat. - Spread through skin-to-skin contact with warts or HPV. - While most strains of HPV cause only warts, some strains may cause oral or throat cancers. - Different cures are available, but the virus remains in the body. 	All modes of oral sex
Non-Specific Urethritis (NSU)	<ul style="list-style-type: none"> - NSU can cause burning when urinating and/or discharge from the penis. - Infections of the throat can cause a sore throat. 	Fellatio, cunnilingus

	<ul style="list-style-type: none"> - NSU may amplify the viral load in semen, making it easier to spread HIV. - Manageable with antibiotics and hospitalization 	
Hepatitis A and E	<ul style="list-style-type: none"> - Both these diseases can spread through oral sex. Hepatitis A and E are both contagious viral infections of the liver. - Common symptoms of hepatitis include fever and diarrhea - Loss of appetite, dark urine, vomiting, jaundice, and pain in the abdomen. - Vaccination is available for its prevention. 	Anilingus
Hepatitis B	<ul style="list-style-type: none"> - It is mostly transmitted by inoculation of infected blood, and virus particles are found in the semen, stool, saliva, and blood. There is clear evidence that it can be transmitted through vaginal and anal intercourse, but it is unproven whether it can be transmitted through oral sex. - Hepatitis B can cause weakness, dark urine, jaundice (yellowing of the skin and eyes), and an enlarged liver. - Vaccination is available for its prevention. 	Fellatio, cunnilingus and anilingus
Bowel organisms and worms	<ul style="list-style-type: none"> - The bowel organisms Salmonella, Shigella, and Campylobacter can be transmitted. - Abdominal pain and diarrhea - Treated well after microbiological stool examination. 	Anilingus
Intestinal parasites	<ul style="list-style-type: none"> - These include Amoeba, Giardia, and Cryptosporidium. - Symptoms include unknown diarrhea, stomach cramps, bloating, increased gas, and nausea. - Treated well after microbiological stool examination. 	Analingus

Source: compiled by the author

Table 1 above discusses sexually transmitted diseases (STDs) associated with oral sex, which have shown the negative effects of this vile practice. In addition, health experts warn

that oral sex can expose a person to sexually transmitted diseases (STDs).³⁵ The results in the table above show that diseases caused by oral sex are not common diseases that can be easily cured. Therefore, researchers recommend that preventive measures be taken to avoid exposure to deadly diseases associated with oral sex. However, oral sex has several benefits. In a study conducted in the Netherlands, Meuleman et al. stated that oral sex might be a defensive mechanism in recurrent miscarriage cases. This study included 97 women with unexplained recurrent miscarriages.³⁶ Similarly, Koelman et al. stated that exposure to oral sex could reduce the incidence of preeclampsia.³⁷ Semen contains melatonin, a chemical that induces sleep and relaxation in women. Even without intercourse, it enters the bloodstream and helps a man doze off better than usual. Furthermore, spermidine in semen helps to slow aging when consumed frequently. Research shows that it is used much more effectively than any other anti-aging cream. Most women over 40 years of age are at risk of developing breast cancer. A proven study claims that women who indulge in oral sex at least twice a week have a lower chance of developing breast cancer than others because semen comprises chemicals that prevent the growth of this type of cancer.³⁸

In addition, semen contains nutrients such as vitamin C, magnesium, and potassium that help support mental memory function.³⁹ It is rich in nerve growth factor (NGF), which is essential for neuronal growth, maintenance, and survival. NGF can enhance cognitive function and help with memory.⁴⁰ In addition, several benefits are experienced during oral sex, such as satisfaction and emotional or physical pleasure. Research in the USA and Germany on 410 women who had oral sex with their male partners found that their male partners delayed orgasm, so the intercourse time was longer.⁴¹ Thus, oral sex produces

³⁵ S. Edwards and C. Carne, "Oral Sex and the Transmission of Viral STIs," *Sexually Transmitted Infections* 74, no. 1 (1998): 6–10, <https://doi.org/10.1136/sti.74.1.6>.

³⁶ Pakpahan et al., "Framing and Understanding the Whole Aspect of Oral Sex from Social and Health Perspective."

³⁷ C. A. Koelman et al., "Correlation Between Oral Sex and a Low Incidence of Preeclampsia: A Role for Soluble HLA in Seminal Fluid?," *Journal of Reproductive Immunology* 46, no. 2 (2000): 155–66, [https://doi.org/10.1016/s0165-0378\(99\)00062-5](https://doi.org/10.1016/s0165-0378(99)00062-5).

³⁸ DoctorNDTV, "Foreplay And Oral Sex Is Actually Good For Your Health, Here's How," Doctor.Ndtv.Com, 2018, <https://doctor.ndtv.com/living-healthy/a-little-foreplay-and-oral-sex-can-actually-be-beneficial-heres-how-1766466>.

³⁹ Juhi Kumari, "Do You Prefer Oral Sex? Know about Its Benefits and Side-Effects Too," TheHealthSite, 2024, <https://www.thehealthsite.com/sexual-health/do-you-prefer-oral-sex-know-about-its-benefits-and-side-effects-too-678120/>.

⁴⁰ Marcelo H. Ratto et al., "The Nerve of Ovulation-Inducing Factor in Semen," *Proceedings of the National Academy of Sciences* 109, no. 37 (2012): 15042–47, <https://doi.org/10.1073/pnas.1206273109>.

⁴¹ Yael Sela et al., "Do Women Perform Fellatio as a Mate Retention Behavior?," *Personality and Individual Differences* 73 (January 2015): 61–66, <https://doi.org/10.1016/j.paid.2014.09.020>.

positive activity that provides sexual satisfaction and relationships.⁴² According to a study published in the American Journal of Reproductive Immunology, consuming semen reduces the risk of preeclampsia (a pregnancy condition characterized by high blood pressure). Furthermore, the study states that oral sex makes a woman's pregnancy safer and more successful.⁴³

Oral Sex as a Way to Fulfill Sexual Needs According to Islamic Law

Oral sex has generated much debate among Islamic jurists. The basis of this argument is the absence of explicit text in the Qur'an and Sunnah that forbids oral sex. The provision of the Qur'an 2, verse 223⁴⁴ clearly states that a couple has the right to have sex as they like, except through the anus, which the Sunnah explicitly forbids. For instance, Abdullah ibn Abbas relates that the Messenger of Allah said: Allah *Ta'aala* shall not [even] look [with kindness] at any man who enters another man or a woman in the anus'.⁴⁵ In another tradition, the Prophet cursed those who had anal sex with their spouses. Abu Hurarah related that the Messenger of Allah said: 'Cursed is he who has sexual intercourse with a woman in her anus'.⁴⁶ The meaning of "being cursed (*mal'ūn*)" is that one is distant from Divine Mercy.

The issue of oral sex can be viewed in two ways: oral sex with ejaculation that leads to swallowing of sperm fluid and oral sex without ejaculation. According to many Islamic scholars, oral sex without ejaculation or pre-ejaculatory fluid is permissible, although it is disliked.⁴⁷ The question that needs to be answered is whether the semen is pure. It is debatable among Islamic jurists whether semen is pure or impure. The reason for this disagreement is the apparent conflicting evidence.⁴⁸ The Hanafites and Malikites believe that semen is impure.⁴⁹ They relied on the Hadith narrated by Aisha, the wife of the Prophet, may Allah be pleased with her. She said, 'I used to wash the cloth of the Prophet from semen, and he would pray while the cloth was still wet'.⁵⁰ In another prophetic tradition relied on by the Hanafites and the Malikites, 'the Prophet used to wash his cloth from urine, excrement,

⁴² Stuart Brody and Rui Miguel Costa, "Satisfaction (Sexual, Life, Relationship, and Mental Health) Is Associated Directly with Penile–Vaginal Intercourse, but Inversely with Other Sexual Behavior Frequencies," *The Journal of Sexual Medicine* 6, no. 7 (2009): 1947–54, <https://doi.org/10.1111/j.1743-6109.2009.01303.x>.

⁴³ Kumari, "Do You Prefer Oral Sex? Know about Its Benefits and Side-Effects Too."

⁴⁴ Qur'an 2 (*Suratul al-Baqarah*), verse 223.

⁴⁵ Sunnan Tirmidhi , Hadith 1165

⁴⁶ Sunan Abu Daud, Hadith, 2155

⁴⁷ Al-Fatawa AL-Hindiyah 5/372

⁴⁸ As-Sayyid Sabiq, *Fiqh us-Sunnah* (American Trusts Publications, 1412/1991) 11

⁴⁹ Muhammad Hassan A., "Athar Al-Ikhtilaaf Fil-Qawaid al-Usuliyyah Fi Ikhtilaf Fuqahai (Maktabul Shamila)," *Shamela*, 2020, <https://shamela.ws/book/37648/53>.

⁵⁰ Sahih Bukhari, Hadith 30

and semen.⁵¹ The legal rule regarding the impurity of semen is apparent from these prophetic traditions because if semen is not impure, there is no need to wash it. The inference is that swallowing semen is prohibited because of its impurity.⁵²

In contrast, the Shafi'i and Hanbali schools of law argued that semen is pure.⁵³ Their evidence is reported in the authentic hadith on the authority of Aisha, may Allah be pleased with her, who said, I used to scratch semen from the clothes of the Prophet, may Allah's blessings and peace be upon him, and he would go and pray in it".⁵⁴ This hadith shows that Aisha used to scratch but did not wash the Prophet's clothes. Thus, if it was *najis* (impure), she would have washed it. However, this does not imply that Imam al-Shafi'i allowed oral sex. In another hadith, narrated by Ibn Abbas, although some scholars spoke about its authenticity, it is considered an authentic hadith, narrated, on the authority of the Prophet, may Allah's blessings and peace be upon him, that he said: "Semen is like spit and mucus" and spit is pure according to the agreement of scholars, but it is dirt.⁵⁵ To reconcile the two conflicting hadiths narrated by Aisha, Islamic jurists who support the purity of semen said that it is recommended to wash it off if it is still wet and to scratch it off if it is dry.⁵⁶

It is unlawful to intentionally ingest impure substances. This includes all male and female genital excretions and sexual fluids, such as urine, pre-ejaculatory fluid, semen, and thick white, cloudy fluid that exits either before or after urination. Although some scholars do not consider semen impure, they still consider its oral intake prohibited. As such, swallowing or consuming all forms of sexual fluids of the wife or husband is forbidden in Islam. Imam Nawawi of the Shafi'i school states in his *Al-Majmu'*: 'The correct well-known opinion is that it is forbidden to consume semen because it is filthy'.⁵⁷ This can be traced to the saying of Allah: 'He (Allah) makes unlawful to them filthy things (*khabaith*)' [67]. Thus, most Islamic jurists categorize semen as filthy (*najis*).

There is a plethora of divergent views on oral sex, either fellatio or cunnilingus. Contemporary jurists have differed in their rulings on this issue, between its permissibility, prohibition, and dislike. This study categorized their legal views into three categories.

⁵¹ Muhammad Hassan A., *Athar Al-Ikhtilaaf fil-Qawaaid al-Usuliyah fi Ikhilaaf Fuqahai* (Maktabatul Shamila), Vol.4 (7) available @ <https://shamela.ws/book/37648/53> accessed 13 March 2025

⁵² As-Sayyid Sabiq, *Fiqh us-Sunnah*, p. 11.

⁵³ Muhammad Hassan A., *Athar Al-Ikhtilaaf fil-Qawaaid...*

⁵⁴ Sahih al-Bukhari, Hadith 230

⁵⁵ Muhammad Hassan A., *Athar Al-Ikhtilaaf fil-Qawaaid...*

⁵⁶ As-Sayyid Sabiq, *Fiqh us-Sunnah* (American Trusts Publications, 1412/1991) 11

⁵⁷ Muhydeen Ibn Sharaf An-Nawawi, *Kitabul Majmu' Al-Muhadhab li-Sherazi* (Maktabatul Al-Irsaaad, Jeddah, Kingdom of Saudi Arabia) Vol. 2

Prohibition: Contrary To Human Nature and the Principle of Purity (*Tahārah*)⁵⁸

According to the Fatwa of the Permanent Committee for Islamic Research in Saudi Arabia, oral sex is unhealthy and a bad idea. It is alien to all those with a healthy and sound nature. Thus, it is prohibited because it does not guarantee the cleanliness of the husband's organs or the woman's private parts from filth. Sheik Nasirudeen Al-Alnaby likened this act to that of dogs. In support of Albany's view, Sheikh Saleh Al-Luhaidan⁵⁹ replied on the permissibility or prohibition of oral sex. He stated:

“First: This is an imitation of animals and animals sucking each other, but humans are more honorable than practising such actions, and this is something that normal souls do not accept. Second, men and women often ejaculate during the foreplay. Licking *madhī* (pre-ejaculation fluid) is forbidden because it may enter the mouth and stomach. Licking pre-ejaculation fluid is similar to drinking urine, and pre-ejaculation does not make a man feel sexual orgasm unless semen is released. Thus, many types of semen have similar legal rulings. Third, our righteous predecessors did not know of this type of sex and did not practice it. Rather, everything that was reported from the biography of the Messenger of Allah about his relationship with his wives is words such as ‘the Messenger of God kissed me “and ‘he sucked my tongue, the Messenger of God.”’ The word “sucking the penis” was not mentioned. Therefore, if it had been acceptable, it would have been mentioned. Fourth, this practice is rampant and is taken from the corrupt civilizations of the West, after the great openness that occurred due to uncensored television programming and the spread of sexual films and images among young people. A typical person who has not heard of the practice or seen it will never yearn for it and may find it repulsive. However, whoever witnesses, experiences, or learns will unquestionably act upon it.”⁶⁰

Dislike: Disgusting Acts that Go Against Ethics and the Sanctity of Human Nature.⁶¹

According to Sheikh Abdullah bin Jibreel, there is no doubt that this is a disgusting act and that it is something that a sane person would be reluctant to do, even looking at the private part of one another is *harām*, as it has been proven on the authority of Aisha, may Allah be pleased with her, who said "I did not see the private parts of the Messenger of Allah, may Allah's prayers and peace be upon him." And she also said, "He did not see it for me,

⁵⁸Among the contemporary scholars who condemn this practice are: Sheikh Nasirudeen Al-Albany; Dr. Muhammad Al-Sayyid Al-Desouki, a professor of Sharia in Qatar; Sheikh Ubaid Al-Jabri said who categorically stated that Allah has never permitted oral sexual intercourse; Al-Sheik Ali Ramly; Al-Sheik Usama Ibn Atayah Al-Utaiby; and Al-Sheikh Mahdy ibn Ibrahim Mubjar.

⁵⁹ head of the Sharia judiciary in Saudi Arabia and a member of the Council of Senior Scholars

⁶⁰*Al-Jins Famaly Halal am Haram* (Oral Sex: Halal or Haram) available at <https://ketabonline.com/ar/books/92850/read?part=1&page=5&index=636226> accessed 21 August 2025

⁶¹Many scholars on this view include Al-Sheikh Abdulrahman Barak; Al-Sheikh Mahr Al-Qahtany, Al-Sheikh Dr Abdul Hayi Yusuf, Professor of Islamic civilisation, University of Khartoum, Sudan; Al-Sheikh Hassan Kadas; Al-Sheikh Muhammad Ibn Majdah Al-Shary, and Al-Sheikh Muhammad Al-Thabety.

nor did I see it for him.”⁶² That is, neither looked at the other’s private part. This was determined by visual inspection. How could the matter reach the point of putting the mouth in the private area, which is the outlet of blood, urine, and semen? This is considered filthy, but the matter does not amount to a sin or a prohibition because there is no prohibition except with sound and unequivocal evidence.

In addition, according to the eminent Egyptian Muslim scholar Dr. Yusuf al-Qaradāwī, Muslim jurists hold that it is lawful for a husband to perform cunnilingus on his wife, or for a wife to perform a similar act for her husband, and there is nothing wrong in doing so. However, if sucking leads to the release of semen, it is blameworthy (*makruh*), but there is no decisive evidence to forbid it.⁶³ It is rare for a man to be able to control himself and not release semen in that situation. Shedding more light on this, Dr. Sabri Abdul Ra’ouf⁶⁴ says that it is allowed for married couples to enjoy each other if what they do does not run counter to the teachings of Islam or violate public norms. He also supports Sheikh Al-Qaradawi’s view that oral sex or kissing the private parts of the spouse is disgusting to Muslims. However, if the intention is to kiss without constant indulgence, there is no sin in doing so. However, people of high morality normally keep away from that, so as not to imitate non-Muslims.⁶⁵

A group of scholars disliked these matters for the following reasons: First, the tongue, which is the place of remembrance, must be protected from the places from which urine, pre-ejaculate, and vaginal fluid are ejected. Second, Muslims are commanded to avoid impurities, and it is no secret that if one undertakes this action, one may not be able to protect oneself from *madhiy*, which is a thin, sticky white water that comes out during foreplay, remembering, or voluntary intercourse, and the person may not feel its release, and it is one of the impurities that it is difficult to guard against. The command is not likely to be mixed with saliva as soon as the action is performed. Third, there may be dirty things attached to the place of kissing, or something that has a dirty smell, or something that may be attached to the private parts. If it is not susceptible to diseases, this action is reprehensible and is considered disgusting by healthy souls.

⁶² *Al-Jins Famany Halal am Haram* (Oral Sex: Halal or Haram)...

⁶³ *Ibid*

⁶⁴ Professor of Islamic Comparative Jurisprudence, Al-Azhar University, Cairo Egypt.

⁶⁵ *Al-Jins Famany Halal am Haram* (Oral Sex: Halal or Haram)...

Fourth, it may often happen that people refrain from enjoying intercourse in the vulva, which is the site of plowing and the source of offspring, because of pleasure in this way. What should be mentioned here, and has an impact on the preference and perhaps even the prohibition of touching the organs with the tongue, is whether what is called in medical circles oral sex has any health effects on the body of the couple. Many scientific studies have stated that this type of sexual intercourse is an unsafe practice, and the most common diseases that can be transmitted through this practice are herpes, gonorrhea, and hepatitis. Nevertheless, the transmission of AIDS through the mouth is less than that through sexual intercourse through the vagina.⁶⁶

Permissibility: Permitted Because it Falls Under the General Concept of Enjoyment (Istimtā')⁶⁷

According to Dr. Muhammad Saeed Ramadan Al-Bouti⁶⁸, oral sex between the couple is permissible. He argued that mutual rights between spouses are not the specificity of (intercourse), but rather the generality of what the Qur'an calls (enjoyment). This means that each spouse has the right to enjoy their spouse, whether through intercourse or otherwise.⁶⁹ In the same vein, Dr. Ahmed Al-Hajji Al-Kurdi⁷⁰ stated that there is no objection to oral sex between spouses on the condition of the purity of the private part and the removal of the private part from the mouth before the release of pre-ejaculatory fluid. Sheikh Abdullah Arif also said that the husband has the right to enjoy his wife as he wishes; however, he needs to avoid anal intercourse. Enjoying oral pleasure in a private environment requires two things: it should not cause any harm to the spouse, and it should not lead to the swallowing of semen or pre-ejaculatory fluid.⁷¹

The Medical Risks of Oral Sex from an Islamic Bioethical Perspective

In contemporary sexuality studies, oral sex must first be positioned as a sexual practice that has medical dimensions and is not merely a matter of morality or private

⁶⁶ *Al-Jins Famany Halal Haram* (Oral Sex: Halal or Haram)...

⁶⁷ The majority of jurists support the permissibility of oral sex under certain conditions. Therefore, there is no absolute permissibility. The jurists are: Professor Mashhood Sabri; Sheikh Khalid Abdul Mumeen Al-Rufai; Sheikh Musa Hassan Mayan; Sheikh Abdullah Ibn Hajar.

⁶⁸ A Professor of Sharia Law in Syria,

⁶⁹ *Al-Jins Famany Halal am Haram* (Oral Sex: Halal or Haram)...

⁷⁰ an expert in the Encyclopedia of Jurisprudence and a member of the Fatwa Authority in the State of Kuwait

⁷¹ *Al-Jins Famany Halal Haram* (Oral Sex: Halal or Haram)...

preference between partners.⁷² Studies in the field of sexual health have shown that sexual activity, including oral sex, always involves biological interactions that have the potential to cause certain health effects.⁷³ Therefore, discussions about oral sex in the context of Islamic family law cannot be separated from empirical medical evidence.⁷⁴ It is important to address this issue so that the analysis is not trapped in a normative dichotomy between what is permissible and what is not, but rather is based on a scientific understanding of the body, risks, and ethical responsibilities in sexual relations within marriage.

International medical literature consistently identifies oral sex as a potential route of transmission for sexually transmitted infections (STIs).⁷⁵ Several studies have shown that pathogens such as human papillomavirus (HPV), herpes simplex virus, gonorrhoea, and syphilis can be transmitted through oral-genital contact, especially when there are micro-lesions in the oral cavity or suboptimal oral health.⁷⁶ In addition, the medical risks of oral sex are influenced by contextual factors such as the frequency of practice, partner health status, and absence of protective devices.⁷⁷ These findings confirm that the risks of oral sex are probabilistic and contextual, not absolute, but remain ethically relevant because they involve preventable harm.

Within the framework of medical bioethics, these risks are assessed using several key ethical principles. The principle of non-maleficence requires that any practice involving the human body should not cause foreseeable or avoidable harm. The principle of beneficence emphasizes that a practice should bring proportional benefits to its participants, both physically and psychologically.⁷⁸ The principle of informed consent places conscious consent as a key element, which requires adequate knowledge of the potential risks and consequences

⁷² Pakpahan et al., “Framing and Understanding the Whole Aspect of Oral Sex from Social and Health Perspective.”

⁷³ Catarina Queirós and João Borges da Costa, “Oral Transmission of Sexually Transmissible Infections: A Narrative Review,” *Acta Medica Portuguesa* 32, no. 12 (2019): 776–81, <https://doi.org/10.20344/amp.12191>.

⁷⁴ Kafayat Aminu et al., “The Scopes, Outcomes, and Limitations of Health Trials on Oral Sex Practices: A Global Scoping Review,” *BMC Public Health* 25, no. 1 (2025): 2151, <https://doi.org/10.1186/s12889-025-23350-7>.

⁷⁵ Queirós and Costa, “Oral Transmission of Sexually Transmissible Infections.”

⁷⁶ Robert L. Cook et al., “Sexual Behaviors and Other Risk Factors for Oral Human Papillomavirus Infections in Young Women,” *Sexually Transmitted Diseases* 41, no. 8 (2014): 486–92, <https://doi.org/10.1097/OLQ.0000000000000159>.

⁷⁷ Arianna Strome et al., “Youths’ Knowledge and Perceptions of Health Risks Associated With Unprotected Oral Sex,” *Annals of Family Medicine* 20, no. 1 (2022): 72–76, <https://doi.org/10.1370/afm.2761>.

⁷⁸ J. I. B. Adinma and E. D. Adinma, “Ethical Considerations in Women’s Sexual and Reproductive Health Care,” *Nigerian Journal of Clinical Practice* 12, no. 1 (2009): 92–98.

of sexual practices.⁷⁹ Thus, oral sex, from the perspective of medical bioethics, is not an ethically neutral activity but a practice that demands awareness, responsibility, and rational consideration of risks.

The integration of the principles of medical and Islamic bioethics shows that there is substantive normative harmony, not a paradigmatic conflict. The principle of non-maleficence in medical bioethics, which emphasizes the prohibition of causing harm, corresponds directly to a fundamental rule in Islamic law, namely *lā ḥarār wa lā ḥirār*, which prohibits actions that harm oneself or others.⁸⁰ Similarly, the principle of beneficence, which requires that an action be beneficial, is in line with the principle of *jahl al-maṣlahah* in the *maqasid al-shari‘ah*. Meanwhile, the concept of informed consent in medical bioethics finds its counterpart in the principles of willingness (*ridā*), moral responsibility, and respect for the will of legal subjects in Islam itself.⁸¹ This harmony shows that the basic values of medical bioethics are not outside the horizon of Islamic ethics but can be understood as a contemporary expression of ethical principles that have long existed in the Islamic legal tradition.

Furthermore, Islamic bioethics epistemologically does not reject medical science but rather places it as an important instrument in understanding the reality of harm and benefit more accurately. In the *fiqh* tradition, legal judgments are highly dependent on knowledge of facts (*tahqiq al-manāfi*). In the context of health, these facts can only be obtained through medical sciences. Thus, medical findings regarding the risks of oral sex are not positioned as a threat to Islamic legal authority but rather as an empirical basis that enriches normative reasoning. Islamic bioethics functions as a filtering and guiding framework, accepting medical science findings in so far as they are in line with the objectives of protecting human life, dignity, and welfare, and rejecting them if they conflict with human values and justice.⁸² This

⁷⁹ Strome et al., “Youths’ Knowledge and Perceptions of Health Risks Associated With Unprotected Oral Sex.”

⁸⁰ Sahid Wahid et al., “The Logic of Impairment in Islamic Law: Philosophical Perspective as a Foundation for Ethics Education,” *Journal of Education Review Provision* 4, no. 3 (2024): 25–28, <https://doi.org/10.55885/jerp.v4i3.462>.

⁸¹ Muhammad Ritaudin Noor and Latifah, “Informed Consent Dalam Kerangka Etik Islam: Tantangan Budaya Dan Praktik Komunikasi Antara Tenaga Medis Muslim Dan Pasien,” *JIS: Journal Islamic Studies* 3, no. 3 (2025): 322–28, <https://doi.org/10.71456/jis.v3i3.1523>.

⁸² Manal Z. Alfahmi, “Justification for Requiring Disclosure of Diagnoses and Prognoses to Dying Patients in Saudi Medical Settings: A Maqasid Al-Shariah-Based Islamic Bioethics Approach,” *BMC Medical Ethics* 23 (July 2022): 72, <https://doi.org/10.1186/s12910-022-00808-6>.

approach affirms that Islamic law is adaptive and rational, capable of dialoguing with scientific developments without losing its ethical orientation or *maqāṣid*.⁸³

The integration of medical and Islamic bioethics concepts finds its normative basis in the framework of *maqāṣid al-shari‘ah*. In the context of sexual practices, *maqāṣid* functions as an ethical parameter that assesses not only the formal validity of an action but also its substantial impact and purpose. The protection of life (*hijz al-nafs*) is the *maqāṣid* most directly relevant to the issue of the medical risks of oral sex, because any practice that potentially threatens the physical or psychological health of a partner is contrary to the basic objectives of Sharia. Similarly, the protection of offspring (*hijz al-nasl*) presupposes caution in sexual practices that can affect reproductive health, while the protection of human dignity (*hijz al-īrd*) demands that the partner's body not be treated merely as an object of desire, but as a dignified subject that must be protected.⁸⁴

Within the framework of *maqāṣid al-shari‘ah*, the normative permissibility of oral sex cannot be understood in absolute or ahistorical terms. Legal and ethical assessments must consider the level of medical risk, context of implementation, and couple's capacity to manage potential harm. If a sexual practice carries significant and preventable health risks, then the principle of protecting life and the rule of *dar al-mafāsid muqaddam 'alā jabb al-maṣālih* demand restriction, caution, or even avoidance.⁸⁵ Thus, oral sex, from the perspective of *maqāṣid al-shari‘ah*, is positioned as a conditional and contextual practice, not as a sexual obligation or absolute right of either party. This approach emphasizes that contemporary Islamic family law does not stop at formal legality but moves towards sexual ethics oriented towards benefit, health, and respect for the dignity of the husband and wife.

Based on this description, it can be emphasized that the precautionary principle in Islamic sexual ethics is a logical consequence of integrating medical bioethics, Islamic bioethics, and *maqāṣid al-shari‘ah*. This principle stems from the awareness that not all medical risks can be determined with absolute certainty, but the potential for harm that can be

⁸³ Muhamad Wildan Arif Amrulloh and Mehdar Badrus Zaman, “The Contribution of Maqāṣid Al-Syārīah in the Development of Islamic Bioethics,” *Journal of Islamic and Occidental Studies* 2, no. 1 (2024): 22–46, <https://doi.org/10.21111/jios.v2i1.36>.

⁸⁴ Abdul Halim Ibrahim et al., “Maqasid Al-Shariah Based Islamic Bioethics: A Comprehensive Approach,” *Journal of Bioethical Inquiry* 16, no. 3 (2019): 333–45, <https://doi.org/10.1007/s11673-019-09902-8>.

⁸⁵ Ibrahim et al., “Maqasid Al-Shariah Based Islamic Bioethics.”

predicted rationally is sufficient to demand a cautious and ethical stance.⁸⁶ In the tradition of Islamic law, this principle of caution is in line with the rule of *lā darar wa lā dirār* and the principle of *sadd al-dhara'i'*, which is to close the path to harm before it actually occurs.⁸⁷ Therefore, sexual practices, including oral sex, cannot be judged solely based on consent or pleasure but must be weighed against the probability of health risks and the ability of partners to minimize their negative effects.

In contemporary Islamic sexual ethics, the principle of prudence serves as a normative mechanism to balance sexual permissibility and protect public welfare. Islam does not view the human body as an arena for free experimentation but rather as a trust that must be safeguarded. When a sexual practice carries potential medical risks that could harm one of the parties, Islamic ethics demands restraint, critical evaluation, and equal communication between partners. Thus, the principle of prudence affirms that sexual permissibility in Islam is responsible and safety-oriented, not unlimited. This affirmation also concludes the analysis of the subheading on the medical risks of oral sex with the normative conclusion that Islamic sexual ethics favor the protection of life, dignity, and healthy marital relationships, both physically and morally.

The Impact of Oral Sex on Marital Relations: A Multidimensional Analysis from the Perspective of Contemporary Islamic Family Law

The practice of oral sex, as reported by sociological and psychological studies of intimate relationships, cannot be separated from the quality of the couple's relationship.⁸⁸ Empirical data show that the frequency and intensity of sexual activity, including oral sex, often correlate with a more positive perception of the relationship and higher relationship quality, especially among older heterosexual couples.⁸⁹ A national study using the actor-partner interdependence model found that couples with good relationship quality engage in oral sex more often, and acceptance of oral sex by partners is associated with more positive

⁸⁶ Xianchao Xie et al., “Optimal Shrinkage Estimation of Mean Parameters in Family of Distributions With Quadratic Variance,” *Annals of Statistics* 44, no. 2 (2016): 564–97, <https://doi.org/10.1214/15-AOS1377>.

⁸⁷ Syah and Hudallah, “Oral Sex in the Perspective of Islamic Law.”

⁸⁸ Susan Sprecher, “Sexual Satisfaction in Premarital Relationships: Associations with Satisfaction, Love, Commitment, and Stability,” *The Journal of Sex Research* 39, no. 3 (2002): 190–96, <https://doi.org/10.1080/00224490209552141>.

⁸⁹ Terri D. Fisher and James K. McNulty, “Neuroticism and Marital Satisfaction: The Mediating Role Played by the Sexual Relationship,” *Journal of Family Psychology* 22, no. 1 (2008): 112–22, <https://doi.org/10.1037/0893-3200.22.1.112>.

perceptions of relationship quality for both parties, although the effect is stronger for women in terms of strengthening the overall well-being of the couple.⁹⁰

This phenomenon shows that oral sex, in some contexts, serves as a form of intimacy that can increase emotional closeness between husband and wife—a dimension that is an important part of contemporary Islamic family law when assessing the holistic health of marital relationships.⁹¹ However, these empirical findings also open up space for a critical analysis of the balance of power and consent in sexual practices. Research on intimate relationship psychology confirms that perceptions of consent and the active involvement of partners in choosing the type of sexual activity greatly determine whether the practice strengthens or damages the relationship.⁹² Studies on consent communication show gender differences in reporting and interpreting consent, with women tending to report lower levels of consent communication than men for certain sexual behaviors (including oral sex), as well as a greater risk of not fully consensual experiences for women.⁹³ Within the framework of Islamic family law, the concept of consent (ridha and taradhi) is very important because Islamic law places respect for the partner's body as part of the principles of mu'asharah bi al-ma'ruf and relational justice.⁹⁴

The psychological impact of oral sex must also be viewed in the context of overall emotional well-being and relationship satisfaction. Several studies have stated that mutually pleasurable and consensual sexual relations can strengthen marital bonds, reduce anxiety, and increase feelings of mutual respect and emotional attachment.⁹⁵ However, when sexual practices such as oral sex are carried out without honest dialogue or in response to pressure from a partner, for example, because of social norms that consider oral sex to be the “standard of satisfaction”—this can lead to a distorted perception of a healthy relationship

⁹⁰ Yui Matsuda, “Actor–Partner Interdependence Model Analysis of Sexual Communication and Relationship/Family Planning Factors Among Immigrant Latino Couples in the United States,” *Health Communication* 32, no. 5 (2017): 612–20, <https://doi.org/10.1080/10410236.2016.1160317>.

⁹¹ Harry T. Reis and Phillip* Shaver, “Intimacy as an Interpersonal Process,” in *Relationships, Well-Being and Behaviour* (Routledge, 2018).

⁹² Janice Hiller, “Gender Differences in Sexual Motivation,” *The Journal of Men's Health and Gender* 2, no. 3 (2005), <https://doi.org/10.1016/j.jmhg.2005.05.003>.

⁹³ Malachi Willis and Kristen N. Jozkowski, “Sexual Precedent’s Effect on Sexual Consent Communication,” *Archives of Sexual Behavior* (Germany) 48, no. 6 (2019): 1723–34, <https://doi.org/10.1007/s10508-018-1348-7>.

⁹⁴ Laury Silvers, “Sexual Ethics and Islam: Feminist Reflections on Quran, Hadith, and Jurisprudence (Review),” *Journal of Middle East Women's Studies* 1, no. 1 (2008), <https://doi.org/10.1353/jmw.0.0013>.

⁹⁵ James K. McNulty et al., “Longitudinal Associations Among Relationship Satisfaction, Sexual Satisfaction, and Frequency of Sex in Early Marriage,” *Archives of Sexual Behavior* 45, no. 1 (2016): 85–97, <https://doi.org/10.1007/s10508-014-0444-6>.

and potential internal conflicts that impact harmony.⁹⁶ This is relevant to Islamic legal studies, which emphasize a balance between rights and obligations without the domination of one party over another.⁹⁷ In addition, it must be acknowledged that the positive effects of oral sex are not universal and may vary between individuals and cultures. Studies indicate that the effect of oral sex on relationship satisfaction is stronger in some groups, such as long-married couples, than in others, and that there are gender differences in how the activity is subjectively evaluated.⁹⁸ The contemporary Islamic family law framework must create space for reflection on these dynamics while still considering the values of justice (*'adl'*), mutual respect, and intention and context in carrying out sexual activities.⁹⁹

From an interdisciplinary perspective of contemporary Islamic family law, the impact of oral sex on husband-wife relations should not be assessed solely from a formal legal aspect but through a multidimensional lens that includes emotional well-being, communication of consent, potential power imbalances, and the overall welfare of the family. This approach is as close as possible to the principle of *maqāṣid al-sharī'ah*, which places family harmony as the main objective of the Islamic family law.¹⁰⁰ Thus, oral sex can be part of a healthy relationship if it is consensual, involves open communication, and mutual respect; however, it can also be a source of tension or rupture if it is outside these normative parameters.

Conclusion

This study confirms that the practice of oral sex in marriage cannot be positioned solely as a matter of normative permissibility but must be analyzed multidimensionally by considering medical risks, sexual ethics, and the quality of the husband-wife relationship. Medical bioethics findings indicate potential health risks that require caution, while Islamic bioethics and *maqāṣid al-sharī'ah* provide a normative framework that emphasizes the

⁹⁶ Billie E. McKeen et al., “Was It Good for You? Gender Differences in Motives and Emotional Outcomes Following Casual Sex,” *Sexuality & Culture* 26, no. 4 (2022): 1339–59, <https://doi.org/10.1007/s12119-022-09946-w>.

⁹⁷ Sukron Ma’mun and Ibnu Akbar Maliki, “A Socio-Historical Study of Women’s Rights Advocacy in Islamic Legal Construction,” *Journal of Southeast Asian Human Rights* 7, no. 1 (2023), <https://doi.org/10.19184/jseahr.v7i1.39156>.

⁹⁸ Anthony Smith et al., “Sexual and Relationship Satisfaction among Heterosexual Men and Women: The Importance of Desired Frequency of Sex,” *Journal of Sex & Marital Therapy* 37, no. 2 (2011): 104–15, <https://doi.org/10.1080/0092623X.2011.560531>.

⁹⁹ Agus Setiawan and Ibnu Akbar Maliki, “The Development of Family Law Materials in Bahtsul Masail Nadhlatul Ulama,” *Jurnal Mahkamah: Kajian Ilmu Hukum Dan Hukum Islam* 5, no. 2 (2020), <https://doi.org/10.25217/jm.v5i2.1162>.

¹⁰⁰ Amrina Rosyada et al., “Gender Justice in Husband and Wife Relations According to Shaykh Nawawi Al-Bantani: A Study of the Kitab Syarah ‘Uqūd al-Lujain,” *Qanun: Jurnal Hukum Keluarga Islam* 2, no. 2 (2024), <https://dx.doi.org/10.62870/qanun.v2i2.27087>.

protection of life, human dignity, and family welfare. Simultaneously, contemporary Islamic family law analysis reveals that the impact of oral sex on marital relations is highly dependent on the principles of equal consent, open communication, and balance of power in the relationship. Therefore, Islamic sexual ethics are not permissive without limits, but they do not close themselves off to medical science findings. Rather, they encourage the reconstruction of sexual norms that are relational, responsible, and oriented towards justice and the sustainability of modern Muslim family life.

These findings imply the need to reconstruct sexual ethics in Islamic family law to be more relational and *maqasid*-oriented, and sensitive to issues of bodily rights and consent. This study suggests that contemporary family *fiqh* studies should increasingly open dialogue with medical bioethics, relational psychology, and gender studies to formulate Islamic sexual norms that are not only normatively valid but also fair, healthy, and sustainable in modern Muslim family life.

Declarations

Author contribution statement

A.A.Y. was responsible for conceptualizing the research idea, developing the theoretical and analytical framework, and writing the manuscript. I.O.S contributed to conceptualizing the research idea, data collection, and analysis. All authors participated in critical review, substantial revision, and approval of the final version of the manuscript for publication.

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Data availability statement

The data supporting the findings of this study consist of primary legal materials, scholarly literature, and publicly available documents from the Internet. All data were qualitatively analyzed and are accessible through the sources cited. No specific datasets were generated or deposited in public repositories for this study.

Declaration of interests statement

The authors declare that they have no known competing financial interests or personal relationships that could have influenced or be perceived to have influenced the work reported in this paper.

Additional information

No

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