Munakahat: Journal of Islamic Family Law
Vol. 2, No. 2, June 2026
ISSN (Online) 3090-9317
https://doi.org/10.5281/zenodo.21923209

Strengthening Elderly Care Governance under Islamic Family Law: Comparative Perspectives across Asia and Australia

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Article History:
Received: October 15, 2025 | Revised: April 25, 2026 | Accepted: June 18, 2026 | Published: June 30, 2026

Citation (APA Style):
Kasmuri, S. A. H. B. A., Chin, J., Harahap, A. M., & Tanjung, I. U. (2026). Strengthening Elderly Care Governance under Islamic Family Law: Comparative Perspectives across Asia and Australia. *Munakahat: Journal of Islamic Family Law, 2*(2), 59–71.

Abstract

Background: Population ageing is transforming family structures, caregiving arrangements, and welfare systems, creating tensions between familial obligations and institutional support. Comparative legal scholarship connecting Islamic family law, family responsibility, and elderly care governance remains limited.

Methods: This study employs a qualitative doctrinal and comparative legal approach to examine Islamic legal principles, family and elderly-care legislation, welfare policies, institutional frameworks, and scholarly literature in Indonesia, Japan, Türkiye, and Australia. The analysis integrates comparative legal analysis with *maqāṣid al-sharīʿah*.

Results: Indonesia and Türkiye emphasize family-centered responsibility, Japan combines family participation with comprehensive long-term care institutions, while Australia adopts a rights-based and regulated aged-care system. Despite these differences, family participation remains important alongside institutional and state-supported mechanisms.

Discussion: Sustainable elderly care requires complementary relationships between family responsibility and institutional support. *Maqāṣid al-sharīʿah* provides a normative basis for balancing filial responsibility, elderly dignity, caregiving capacity, and social welfare within changing ageing societies.

Conclusion: Effective elderly care governance should balance family obligations, individual rights, caregiving capacity, institutional support, and collaborative responsibility rather than relying exclusively on families or the state.

Novelty: This study develops the Maqāṣid-Based Elderly Care Responsibility Framework (MECRF), integrating five dimensions: filial responsibility, elderly dignity protection, family caregiving capacity, social welfare integration, and collaborative governance. The framework translates *maqāṣid al-sharīʿah* into a governance model for sustainable elderly care across diverse legal and welfare contexts.

Keywords: Elderly Care; Family Law; Family Responsibility; *Maqāṣid al-Sharīʿah*; Comparative Family Law

INTRODUCTION

Population ageing has become one of the defining demographic transformations of the twenty-first century, fundamentally reshaping family structures, welfare arrangements, and legal conceptions of responsibility toward older persons. Declining fertility, increased life expectancy, migration, and changing household composition are expanding the demand for long-term care while weakening the assumption that families can sustainably meet elderly-care needs on their own. The resulting policy and legal dilemma is not simply whether families or the state

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ISSN (Online) 3090-9317
https://doi.org/10.5281/zenodo.21923209

should provide care, but how responsibility should be distributed, limited, and coordinated among families, communities, care institutions, and public authorities. Recent evidence demonstrates that family caregiving remains central to intergenerational support, yet its sustainability is conditioned by family size, caregiving capacity, labour-market participation, and access to formal care services (Bansak et al., 2025; Chen, 2026; Moriyama, 2026). Community-based and integrated medical-care services may complement family support, while home-based and institutional care increasingly function as interconnected rather than mutually exclusive arrangements (Wang, 2024; Hu et al., 2025; Zhang & Lei, 2025). Elderly care has therefore evolved beyond a private family matter into a question of legal responsibility and welfare governance.

The allocation of responsibility, however, is neither legally nor institutionally uniform across jurisdictions. Family law, welfare regimes, demographic pressures, and culturally embedded expectations determine whether family involvement operates as a legal obligation, moral expectation, or negotiated partnership with formal care providers. Even highly institutionalized systems continue to depend on family participation and coordination among relatives, professionals, and public authorities (Prins et al., 2026; Felder et al., 2026). Japan provides an important example in which comprehensive long-term care institutions coexist with continuing family participation and preferences concerning future care (Wang et al., 2026). Australia, by contrast, has developed a more rights-oriented and regulated aged-care system emphasizing resident-centred care, quality monitoring, and professional integration (Dendere et al., 2026; McDonough et al., 2026). Indonesia and Türkiye offer contrasting contexts in which family expectations, legal obligations, welfare provision, and cultural norms remain closely interconnected. Comparative scholarship also indicates persistent tensions between family responsibility, protection of older persons, and the expansion of state-supported mechanisms (Jamaluddin et al., 2023, 2026). These differences suggest that comparative analysis should move beyond identifying who provides care to examine the legal basis, scope, limits, capacity conditions, and institutional supplementation of family responsibility.

This issue is particularly significant within Islamic family law, where elderly care is embedded in broader principles of intergenerational responsibility, including *birr al-wālidayn*, maintenance, compassion, protection, and family solidarity. Muslim-oriented scholarship conceptualizes caregiving as encompassing spiritual, emotional, physical, and financial dimensions rather than merely the provision of material support (Setyawati et al., 2024). Nevertheless, Islamic legal responsibility cannot be interpreted independently of capacity, harm prevention, rights protection, and changing social circumstances. Classical ethico-legal reasoning emphasizes the need to consider contextual conditions when applying normative principles to contemporary social problems (Kasule, 2012; Hashmi, 2021). Moreover, research on Muslim families in diaspora contexts demonstrates that migration, socioeconomic transformation, and changing family structures can reshape the practical meaning of intergenerational obligations (Khan, 2023; Zumrotun et al., 2026). The critical question, therefore, is not whether Islamic family law recognizes responsibility toward older parents, but how such responsibility should operate when familial capacity is constrained. More specifically, how should community and state mechanisms legitimately supplement family obligations while preserving filial responsibility, elderly dignity, and individual rights?

Despite substantial scholarship on ageing, caregiving, family support, and welfare governance, an important conceptual and legal gap remains. Existing studies predominantly approach elderly care from gerontology, nursing, health services, welfare economics, or demographic policy, whereas comparative legal scholarship has paid comparatively limited attention to how family obligations interact with distinct long-term care regimes. Research on caregiver burden and quality of life (Ghani et al., 2016), family caregiving and resilience (Erkayıran & Çelik, 2026), family involvement in institutional care (Prins et al., 2026), and abandonment and legal caregiving obligations (Jamaluddin et al., 2026) provides important but fragmented insights. Similarly, studies of welfare resilience and care-system integration illuminate institutional dimensions without establishing a normative framework for determining when family responsibility should be maintained, redistributed, or supplemented (Felder et al., 2026; Hu et al., 2025; Yunding et al., 2026). What remains insufficiently developed is a comparative Islamic family-law framework capable of connecting filial responsibility, elderly dignity, family caregiving capacity, social welfare, and collaborative governance within a single analytical model. This gap becomes particularly visible when Indonesia, Japan, Türkiye, and Australia are examined together because their different legal and welfare configurations provide a useful basis for testing how responsibility can be structured across family-centred, hybrid, and institutionally regulated systems.

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This study addresses that gap by examining how elderly-care responsibility is legally and institutionally allocated between families and state-supported mechanisms in Indonesia, Japan, Türkiye, and Australia, and by asking how *maqāṣid al-sharīʿah* can provide normative criteria for evaluating these arrangements. It employs a qualitative doctrinal and comparative legal approach to analyse Islamic legal principles, family and elderly-care legislation, welfare policies, institutional frameworks, and relevant scholarly literature. The study advances the Maqāṣid-Based Elderly Care Responsibility Framework (MECRF), comprising five interconnected dimensions: filial responsibility, elderly dignity protection, family caregiving capacity, social welfare integration, and collaborative governance. The framework contributes to comparative Islamic family-law scholarship by conceptualizing elderly care as a graduated and complementary responsibility, in which family obligations remain normatively significant but are conditioned by caregiving capacity and supplemented by community and state institutions when necessary. In this way, MECRF translates *maqāṣid al-sharīʿah* into an analytical governance framework for evaluating how family solidarity can be preserved without imposing unsustainable burdens on households, while state intervention can protect elderly dignity and rights without unnecessarily displacing legitimate familial responsibility.

LITERATURE REVIEW

The literature on elderly care has moved from a predominantly family-centred conception toward a broader governance perspective involving households, communities, institutions, and the state. Earlier studies established that intensive family caregiving affects caregivers' quality of life (Ghani et al., 2016). Islamic ethico-legal scholarship distinguishes moral, religious, and legal duties in contemporary care decisions (Kasule, 2012), while Islamic bioethics highlights religious literacy for translating normative principles into responsible practice (Hashmi, 2021). Welfare-state research subsequently linked population ageing with public redistribution and institutional capacity (Razin & Schwemmer, 2022). Systematic evidence shows that informal caregivers face substantial burdens (Issac et al., 2022), while palliative-care research identifies complex responsibilities and support needs among adult informal caregivers (Anago et al., 2026). From an Islamic perspective, family caregiving encompasses physical, emotional, spiritual, and financial responsibilities, providing a bridge between Islamic ethics and family-law analysis (Setyawati et al., 2024). This literature supports shared responsibility while retaining filial solidarity as a central normative principle.

A second cluster examines how demographic and socioeconomic change affects intergenerational responsibility. Research among South Asian Muslim families shows that migration requires renegotiation of the intergenerational contract (Khan, 2023). Research on dementia-care utilization shows that migration background can shape access to services among older adults (Strooij et al., 2024). Declining fertility across Asia reduces the pool of potential family caregivers and increases pressure on formal welfare arrangements (Yeung & Abalos, 2025). Evidence from China links family size with intergenerational support for elderly parents (Bansak et al., 2025). Informal caregiving can also constrain labour supply among older workers (Moriyama, 2026). Recent research argues that responsibility boundaries must account for family capacity and risk redistribution (Chen, 2026). Studies of older adults ageing alone further show that wellbeing may be constructed through cultural narratives when family proximity declines (Mohan et al., 2026). The global economic burden of dementia reinforces pressure on families and health systems (Chen et al., 2024). These findings challenge static assumptions about family responsibility and support adaptive legal and institutional arrangements.

A third strand concerns community-based and institutional long-term care. Integrated medical-care models connect health services with family caregiving (Wang, 2024). Comparative evidence links care effectiveness with family preferences and institutional quality (Zhang & Lei, 2025). Evidence from China shows that community-based integrated care can influence disability trajectories and complement family support (Hu et al., 2025). Long-term-care literacy can shape older adults' preferences for future services, strengthening informed participation in care planning (Wang et al., 2026). Family involvement in residential facilities depends on resident, family, staff, and organizational factors (Prins et al., 2026). Australian research adds resident-centred governance through quality-monitoring dashboards (Dendere et al., 2026), culturally responsive health approaches (Gall et al., 2026), and multidisciplinary integration in residential aged care (McDonough et al., 2026). Comparative long-term-care research further shows that diverse welfare systems face common resilience challenges (Felder et al., 2026). Institutional care should therefore be understood as part of a governance ecosystem that preserves dignity, family participation, and professional accountability.

A fourth body addresses legal duties, mediation, rights, and Islamic governance. Comparative elderly-care legislation shows that statutory frameworks can clarify duties and support policy learning (Chowdhury & Zahid,

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2025). Malaysian research argues for clearer legal caregiving obligations where abandonment occurs, while mediation can address elderly-family disputes through relational and legal mechanisms (Jamaluddin et al., 2023, 2026). Community mediation research shows that informal mechanisms can complement formal legal institutions (Ahmad et al., 2022; Nasrul et al., 2024), while Islamic family-law scholarship shows that mediation can support family conflict resolution (Ismayawati et al., 2024). Comparative Islamic family-law scholarship shows that family authority is negotiated across Muslim communities (Mohamad et al., 2026; Zumrotun et al., 2026). Islamic legal scholarship demonstrates the need to balance doctrinal norms with contemporary human-rights considerations (Rahajeng, 2020), while Islamic performance measurement shows that normative principles can become evaluative criteria (Leena Haniffah et al., 2023). Waqf scholarship connects *maqāṣid al-sharīʿah* with sustainable social development (Abdullah, 2018), and legal-service research emphasizes supervision and accountability in rights-based governance (Utami et al., 2025).

Finally, culturally grounded studies indicate why elderly-care governance cannot rely on a single universal model. Research on caregiver burden in Asia demonstrates persistent pressures across care contexts (Yunding et al., 2026), while research in Türkiye shows that spirituality, culture, and family resilience jointly shape dementia care (Erkayıran & Çelik, 2026). Australian evidence concerning ageing among Aboriginal populations demonstrates the importance of demographic projections and culturally specific understandings of care (Luke et al., 2026). Comparative ageing research identifies uneven evidence coverage across East and Southeast Asia, including limited longitudinal evidence for Indonesia (Malhotra et al., 2026), while evidence on service access shows that migration background shapes dementia-care utilization (Strooij et al., 2024) and ageing alone may require culturally grounded wellbeing strategies (Mohan et al., 2026). The literature reveals three unresolved issues. These tensions remain insufficiently theorized in Islamic family-law and welfare scholarship: family responsibility remains normatively significant but is constrained by demographic and caregiving capacity; state welfare can supplement family care without automatically displacing relational responsibilities; and Islamic family law has not yet been sufficiently integrated with comparative elderly-care governance. Existing scholarship provides important components, but no integrated model systematically connects filial responsibility, elderly dignity, caregiving capacity, welfare integration, and collaborative governance across contrasting legal and welfare systems. The MECRF addresses this gap by synthesizing these dimensions through a *maqāṣid*-based comparative legal perspective.

METHODS

This study employs a qualitative doctrinal and comparative legal research design to examine how family responsibility for elderly care is conceptualized, regulated, limited, and supplemented under Islamic family law and across Indonesia, Japan, Türkiye, and Australia. The doctrinal approach is used to interpret legal norms, statutory provisions, Islamic legal principles, policy instruments, and scholarly doctrines, rather than to measure caregiving behaviour. The comparative approach is structured around four jurisdictions representing contrasting legal traditions, religious-cultural influences, demographic conditions, and welfare regimes. Indonesia was selected as a Muslim-majority jurisdiction in which Islamic family values and kinship traditions inform filial responsibility; Türkiye as a civil-law jurisdiction with Islamic cultural heritage and social protection; Japan as an institutionalized East Asian welfare system centred on long-term care insurance and community-based integrated care; and Australia as a rights-oriented common-law system with regulated residential aged care and community services. This selection enables comparison of how responsibility is distributed among families, communities, service providers, and the state. It also responds to scholarship showing that ageing, family size, migration, and caregiving capacity reshape intergenerational responsibility and welfare arrangements (Kasule, 2012; Ghani et al., 2016; Razin & Schwemmer, 2022; Khan, 2023; Bansak et al., 2025; Chen, 2026).

The study relies on secondary legal and documentary materials. Primary materials comprise constitutional and statutory provisions, family-law regulations, elderly-protection legislation, long-term-care rules, social-welfare instruments, official policy documents, and governmental publications from the four jurisdictions. Secondary materials include peer-reviewed journal articles, academic books, comparative legal scholarship, and reports from international organizations and public agencies. The literature search was conducted through Scopus and Web of Science, supplemented by government and institutional databases, using combinations of elderly care, family responsibility, filial responsibility, Islamic family law, long-term care, family caregiving, *maqāṣid al-sharīʿah*, comparative family law, ageing governance, elderly rights, and welfare governance. Priority was given to literature published from 2020 to 2026, while earlier works were retained when they provided foundational concepts. Sources were included when they directly addressed family obligations, elderly rights and dignity,

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caregiving capacity, welfare governance, Islamic legal reasoning, comparative family law, or institutional care; sources concerned exclusively with clinical treatment or medical interventions without legal or governance relevance were excluded. This strategy reflects the interdisciplinary nature of elderly-care governance, where family caregiving, institutional integration, legal protection, and welfare resilience are interconnected (Abdullah, 2018; Hashmi, 2021; Issac et al., 2022; Setyawati et al., 2024; Wang, 2024; Chowdhury & Zahid, 2025; Hu et al., 2025; Prins et al., 2026).

Analysis proceeded through four stages. First, legal and policy provisions were extracted and classified according to responsible actors, nature of obligation, enforceability, limits of family responsibility, state intervention, institutional-care arrangements, and protection of elderly rights. Second, qualitative thematic coding identified five recurring analytical categories: filial responsibility, elderly dignity, family caregiving capacity, social-welfare integration, and collaborative governance. Third, cross-jurisdictional comparison examined similarities and differences in legal foundations, allocation of responsibility, institutional mechanisms, and family–state relationships. The analysis distinguished legally enforceable duties from moral or cultural expectations and separated documentary findings from normative recommendations. Fourth, comparative findings were interpreted through *maqāṣid al-sharīʿah*, using *ḥifẓ al-nafs*, *ḥifẓ al-nasl*, *ḥifẓ al-māl*, *karāmah al-insān*, and *maṣlaḥah* as evaluative criteria. These criteria assessed whether arrangements protect life and wellbeing, sustain family relationships, prevent financial vulnerability, preserve dignity and autonomy, and promote balanced care. The five MECRF dimensions were derived from recurring patterns across legal materials and then theoretically integrated through *maqāṣid* analysis, rather than predetermined as fixed categories. Source triangulation across legislation, governmental materials, scholarly literature, and policy reports strengthened analytical credibility. Because the study is doctrinal and documentary, it does not claim to establish actual caregiving outcomes; its contribution is normative and comparative, providing a legal basis for evaluating sustainable elderly-care governance.

RESULT AND DISCUSSION

Comparative Legal Responsibilities for Elderly Care: Family, State, and Society

The comparative analysis demonstrates that elderly-care responsibility across Indonesia, Japan, Türkiye, and Australia is neither exclusively familial nor exclusively state-based. Rather, each jurisdiction distributes responsibility through a distinctive combination of family obligations, public welfare, community participation, and institutional care. The principal difference concerns the legal character of family responsibility, the actors legally or institutionally responsible, the enforceability of obligations, and the circumstances in which state intervention becomes necessary. Earlier research established that intensive family caregiving can affect caregivers' quality of life (Ghani et al., 2016), while welfare-state scholarship demonstrates that population ageing increasingly requires public redistribution and institutional responses (Razin & Schwemmer, 2022). More recent evidence shows that declining fertility and smaller family networks reduce the availability of potential caregivers (Bansak et al., 2025; Jean Yeung & Abalos, 2025), while caregiving responsibilities may also constrain labour-market participation (Moriyama, 2026). Chen (2026) therefore argues that sustainable ageing governance requires clearer boundaries between family responsibility, caregiving capacity, and public risk redistribution. At the same time, family involvement remains significant even within formal long-term-care systems because relatives contribute emotional support, communication, advocacy, and participation in care decisions (Prins et al., 2026). The comparative legal issue is consequently not whether families or states should be responsible, but how responsibility is allocated, where family duties reach their limits, and how institutional mechanisms respond when family capacity becomes insufficient.

Indonesia reflects a predominantly family-centred model in which elderly welfare is embedded within a broader framework of family, community, and state responsibility. Law No. 13 of 1998 concerning Elderly Welfare provides the principal statutory foundation for elderly protection and welfare, including governmental responsibilities in developing welfare services for older persons. However, statutory recognition of elderly welfare should not automatically be interpreted as establishing an unlimited, directly enforceable obligation upon children to provide every form of elderly care. Family responsibility in Indonesia operates through the interaction of statutory welfare principles, kinship expectations, community values, and Islamic norms concerning respect and care for parents. This distinction is increasingly important because demographic and socioeconomic changes affect the practical capacity of families to fulfil intensive caregiving responsibilities. Smaller family size reduces the potential pool of caregivers (Bansak et al., 2025), while migration and socioeconomic transformation can require families to renegotiate intergenerational responsibilities (Khan, 2023). Formal care therefore functions as a complementary mechanism when family resources or caregiving capacity are inadequate. Evidence from

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Vol. 2, No. 2, June 2026
ISSN (Online) 3090-9317
https://doi.org/10.5281/zenodo.21923209

integrated medical and caregiving arrangements indicates that public and community services can strengthen family caregiving rather than simply replace it (Wang, 2024; Hu et al., 2025). Accordingly, Indonesia is best characterized as family-centred but institutionally supplemented, in which family participation remains socially and normatively significant while the state and community have complementary responsibilities for elderly protection and welfare.

Türkiye presents a related but legally distinct configuration. Family solidarity and cultural expectations continue to influence elderly caregiving, but the state has developed formal mechanisms for social protection, residential care, rehabilitation, and elderly services. Turkish regulations concerning nursing homes and elderly-care and rehabilitation centres provide institutional mechanisms through which public authorities organize accommodation, care, and rehabilitation for older persons requiring such services. The legal significance of this arrangement is that family responsibility does not exhaust the state's responsibilities toward older persons. Contemporary evidence further shows that spirituality, cultural values, and family resilience remain influential in dementia caregiving in Türkiye (Erkayıran & Çelik, 2026), demonstrating that formal services operate alongside continuing family participation. Türkiye should therefore not be treated as legally identical to Indonesia merely because both societies attach strong importance to family solidarity and Islamic cultural values. The institutional scope and organization of public elderly care differ between the two jurisdictions. Comparative elderly-care legislation also indicates that statutory frameworks can clarify caregiving responsibilities and provide opportunities for policy learning (Chowdhury & Zahid, 2025). Türkiye can consequently be characterized as a family-supported welfare model, in which family solidarity remains socially important while the state assumes more visible responsibilities when professional care, rehabilitation, or residential services are required.

Japan represents a substantially more institutionalized model through its Long-Term Care Insurance system, which organizes long-term-care services through a public insurance framework encompassing home-based, community-based, and institutional services. The system transfers a significant proportion of the material and professional dimensions of caregiving from individual households to publicly organized and regulated services. This institutionalization responds particularly to demographic ageing and declining fertility, which reduce the availability of informal caregivers (Jean Yeung & Abalos, 2025). Nevertheless, formal long-term-care provision does not eliminate family participation. Research shows that long-term-care literacy influences older adults' preferences for future care services and their participation in care planning (Wang et al., 2026), while family involvement remains relevant within long-term-care facilities (Prins et al., 2026). Australia represents a different form of highly institutionalized governance, centred more explicitly on elderly rights, provider regulation, quality, safety, and accountability. The Aged Care Act 2024 provides a comprehensive statutory framework for funded aged-care services, providers, safeguards, and quality requirements. Recent Australian research emphasizes resident-centred quality monitoring and professional integration in residential aged care (Dendere et al., 2026; McDonough et al., 2026), while culturally responsive approaches further demonstrate the importance of recognizing diverse understandings of care (Gall et al., 2026). Thus, Japan and Australia should not be treated as homogeneous welfare models: Japan primarily institutionalizes long-term care through social insurance and integrated services, whereas Australia emphasizes rights-based regulation and accountable service provision. Both, however, demonstrate that extensive state responsibility can coexist with continuing family participation.

Table 1. Comparative Legal Allocation of Elderly-Care Responsibilities

Dimension	Indonesia	Japan	Türkiye	Australia
Legal orientation	Family and social welfare	Social insurance and long-term care	Family solidarity and social protection	Rights-based aged-care regulation
Primary caregiving role	Family with state/community support	Family–state partnership	Family with state-supported care	Regulated providers and public system with family participation
Nature of family responsibility	Strong social, kinship, and religious expectation within welfare framework	Relational and participatory rather than exclusive	Strong familial expectation alongside public support	Participation, advocacy, emotional and social support

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ISSN (Online) 3090-9317
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Dimension	Indonesia	Japan	Türkiye	Australia
State intervention	Complementary and supportive	Extensive financing and service provision	Institutional and supportive	Extensive regulation, funding, quality, and rights protection
Institutional care	Complementary	Comprehensive	Complementary/available through public services	Extensive and regulated
Elderly protection	Welfare and social protection	Care, independence, and wellbeing	Care, rehabilitation, and social protection	Rights, autonomy, safety, and quality of care
Regulatory mechanism	Elderly-welfare legislation and public services	Long-Term Care Insurance framework	Social-care and institutional regulations	Aged-care statutory and regulatory framework
Family–state relationship	Family-centred with institutional supplementation	Institutional partnership with continuing family involvement	Family-supported welfare	Public–provider system with continuing family participation

Source: Authors' analysis, 2026.

The comparison in Table 1 demonstrates that the principal divergence among the four jurisdictions concerns the allocation and institutionalization of caregiving functions, rather than the presence or absence of family involvement. Indonesia places the strongest normative and social emphasis on family-centred responsibility, while Türkiye combines familial solidarity with increasingly formal public-care mechanisms. Japan transfers a substantial proportion of material and professional caregiving responsibilities to a social-insurance-based long-term-care system, whereas Australia places elderly rights, provider accountability, quality regulation, and institutional safeguards at the centre of governance. Nevertheless, all four jurisdictions retain meaningful forms of family participation. This finding is consistent with evidence that institutional care is strengthened when families remain involved in communication, decision-making, and psychosocial support (Prins et al., 2026). It also indicates that sustainable elderly care requires responsibility to be matched with caregiving capacity rather than assigned solely according to cultural expectations or institutional availability. Excessive dependence on families may generate economic and psychosocial burdens, whereas institutional systems that disregard family relationships may weaken important forms of emotional and social support. The comparative evidence therefore supports a graduated and complementary allocation of responsibility: families retain important relational responsibilities; communities and professional providers provide additional care capacity; and the state assumes or supplements responsibilities when dependency, insufficient family capacity, rights protection, or public welfare considerations require intervention. Accordingly, the first research question is answered by demonstrating that elderly-care responsibility is universally shared but legally differentiated. Indonesia and Türkiye place stronger emphasis on family-centred responsibility, while Japan and Australia institutionalize a greater proportion of caregiving functions through public or regulated systems. The decisive comparative principle is therefore not exclusive family responsibility or exclusive state responsibility, but the alignment of legal duty, caregiving capacity, elderly dignity and rights, and institutional support. This finding provides the legal-comparative foundation for the next section, which examines how Islamic family law and *maqāṣid al-sharīʿah* can provide normative criteria for evaluating this differentiated distribution of elderly-care responsibility.

Islamic Family Law and *Maqāṣid al-Sharīʿah* in Elderly Care Governance

The comparative findings indicate that Islamic family law provides a normative basis for understanding elderly care as a continuing intergenerational responsibility, but this responsibility cannot be interpreted as an unlimited or exclusively private obligation. The concept of *birr al-wālidayn* establishes respect, kindness, and care toward parents as a fundamental ethical principle, while the jurisprudential concept of *nafaqah* provides a more specific basis for financial support where the relevant legal conditions are satisfied. Islamic family caregiving is therefore multidimensional, encompassing material assistance, physical care, emotional support, companionship, and spiritual responsibility (Kasule, 2012; Setyawati et al., 2024). This distinction is important because religious-

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ethical duties, classical fiqh obligations, statutory duties, and contemporary welfare responsibilities should not be treated as legally identical. Recent research on Muslim families further demonstrates that filial responsibility remains significant despite migration, changing household structures, and socioeconomic pressures (Khan, 2023). Consequently, the findings suggest that Islamic family law should be understood as establishing a primary relational responsibility, while the precise form and extent of that responsibility depend upon the needs of parents and the capacity of family members. This interpretation also avoids reducing *birr al-wālidayn* to co-residence or direct physical caregiving, since contemporary circumstances may require financial assistance, coordinated care, professional services, or technologically mediated forms of family participation. The need for such flexibility is particularly evident where dementia, disability, geographical separation, or employment obligations make continuous household-based caregiving difficult. Recent Islamic family-law research on elderly parents similarly demonstrates that caregiving may generate conflict and neglect when families lack the capacity and knowledge necessary to respond to changing care needs.

The application of *maqāṣid al-sharīʿah* provides a systematic analytical mechanism for evaluating whether the distribution of elderly-care responsibility actually protects the interests of older persons and their families. In this study, *ḥifẓ al-nafs* is operationalized as protection of life, health, safety, nutrition, and basic care; *ḥifẓ al-nasl* as preservation of intergenerational relationships and family continuity; and *ḥifẓ al-māl* as protection against financial deprivation and unsustainable caregiving costs. These principles transform *maqāṣid* from general theological values into criteria for assessing legal and governance arrangements. Islamic legal scholarship also demonstrates that normative principles must be interpreted contextually rather than mechanically, particularly when competing rights, capacities, and social circumstances are involved (Kasule, 2012; Hashmi, 2021). The relevance of this capacity-sensitive interpretation is reinforced by contemporary research showing that family size affects intergenerational support and that informal caregiving may impose measurable labour-market costs on caregivers (Bansak et al., 2025; Moriyama, 2026). Accordingly, a legal arrangement that formally assigns responsibility to children but ignores their economic, physical, geographical, or employment constraints may satisfy a formal conception of filial duty while undermining the broader objectives of *maṣlaḥah* and harm prevention. Conversely, welfare intervention that completely displaces family participation may protect material needs while weakening intergenerational relationships. The *maqāṣid* approach therefore supports proportionality: responsibility should remain connected to family solidarity while being adjusted according to actual caregiving capacity and supplemented where necessary by social institutions.

The fourth analytical criterion, *karāmah al-insān*, is used in this study to operationalize the protection of elderly persons' dignity, autonomy, privacy, and freedom from neglect, abuse, discrimination, and degrading treatment. Although human dignity is not always presented as one of the classical five necessities in exactly the same categorical form as life, lineage, wealth, intellect, and religion, contemporary Islamic legal scholarship increasingly employs dignity and related principles of justice, welfare, and human rights to contextualize the objectives of Islamic law (Abdullah, 2018; Rahajeng, 2020). The present study therefore treats *karāmah al-insān* as a complementary normative criterion derived from the broader objectives of protecting human wellbeing and preventing harm, rather than claiming that it is simply identical to the classical *ḍarūriyyāt*. This conceptual clarification strengthens the theoretical basis of the framework. It also corresponds with contemporary elderly-care scholarship demonstrating that care quality cannot be evaluated solely through physical service provision. Family caregiving involves emotional and relational dimensions, while institutional care requires meaningful family involvement and respect for older persons' preferences (Setyawati et al., 2024; Prins et al., 2026; Wang et al., 2026). Thus, under the proposed analysis, an elderly-care arrangement is consistent with *maqāṣid* only when it protects both the material wellbeing and the dignity of the older person. This criterion is particularly relevant where institutionalization is necessary: placement in a professional facility should not be equated with abandonment if it is undertaken to secure appropriate care, while keeping an elderly parent at home should not automatically be regarded as preferable if it exposes the person to neglect or unsafe conditions.

The comparative evidence from Indonesia, Japan, Türkiye, and Australia demonstrates how these *maqāṣid* criteria can be applied across different governance arrangements. Indonesia and Türkiye provide stronger examples of family-centred responsibility, in which religious and cultural expectations reinforce intergenerational care, but the sustainability of such arrangements depends upon family capacity and available social support. Research on Muslim families confirms that caregiving responsibility is negotiated under changing socioeconomic conditions rather than operating as a fixed obligation unaffected by context (Khan, 2023). Türkiye-specific evidence also indicates that spirituality, culture, and family resilience interact in dementia caregiving, demonstrating that

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ISSN (Online) 3090-9317
https://doi.org/10.5281/zenodo.21923209

cultural and religious resources can strengthen family care but do not eliminate caregiving pressures (Erkayıran & Çelik, 2026). Japan and Australia, by contrast, demonstrate more institutionalized approaches in which public systems provide substantial long-term-care infrastructure while families continue to participate in care planning, communication, and emotional support. Community-based integrated care can complement family caregiving, while family involvement in residential facilities remains influenced by residents, relatives, staff, and organizational arrangements (Wang, 2024; Hu et al., 2025; Prins et al., 2026). Australian evidence similarly emphasizes resident-centred quality monitoring and multidisciplinary professional integration (Dendere et al., 2026; McDonough et al., 2026). The comparison therefore does not support a binary distinction between an "Islamic family model" and a "Western institutional model." Rather, the four jurisdictions demonstrate different degrees of family responsibility, state intervention, institutional support, and community participation. The *maqāṣid* framework provides a common evaluative language for assessing whether these different arrangements protect life, family relationships, economic security, dignity, and public welfare.

On this basis, *maṣlaḥah* functions as the integrative criterion connecting family responsibility with social-welfare governance. The findings indicate that elderly care is most sustainable when responsibility is distributed according to capacity rather than imposed exclusively upon one actor. Family members remain important because care involves relationships, identity, emotional attachment, and intergenerational solidarity; however, governments and social institutions possess resources and professional capacities that individual families may not have. This conclusion is consistent with research showing that ageing societies require redistribution of caregiving risks and clearer boundaries of responsibility (Razin & Schwemmer, 2022; Chen, 2026). It also corresponds with evidence that community-based integrated care can complement family support and that institutional care is more effective when family participation remains meaningful (Hu et al., 2025; Prins et al., 2026). Accordingly, the Islamic legal perspective developed here does not require families to perform every caregiving function themselves. Instead, *maqāṣid al-sharīʿah* supports a complementary and capacity-sensitive governance model: families retain primary filial responsibility; communities and religious institutions provide relational and social support; professional providers deliver specialized services; and the state intervenes through regulation, financing, social protection, and institutional care when family capacity is insufficient. This interpretation directly answers the second research question by demonstrating that Islamic family law can provide a coherent normative basis for integrating family obligations with contemporary welfare governance. It also establishes the analytical bridge to the MECRF in Section 4.3, because the five dimensions of the framework emerge not as predetermined religious categories but from the interaction between filial responsibility, dignity protection, caregiving capacity, welfare integration, and collaborative governance identified through the comparative analysis.

Table 2. Operationalization of *Maqāṣid al-Sharīʿah* in Elderly Care Governance

***Maqāṣid* criterion**	**Analytical meaning**	**Application to elderly care**	**Governance implication**
Ḥifẓ al-nafs	Protection of life and wellbeing	Healthcare, nutrition, safety, medication, physical care	Accessible family, community, and professional care
Ḥifẓ al-nasl	Protection of family continuity and intergenerational relations	Filial responsibility, companionship, family participation	Strengthening intergenerational care and family involvement
Ḥifẓ al-māl	Protection of economic security	Maintenance, care costs, financial vulnerability	Family support, social assistance, pensions, and public financing
Karāmah al-insān	Protection of dignity and autonomy	Privacy, respectful treatment, participation, freedom from abuse and neglect	Rights-based protection and person-centred care
Maṣlaḥah	Realization of balanced public and familial welfare	Coordination among family, community, providers, and state	Collaborative and capacity-sensitive governance

Source: Authors' analysis, 2026.

Table 2 demonstrates that the contribution of *maqāṣid al-sharīʿah* lies not simply in providing religious justification for family caregiving but in establishing evaluative criteria for comparing different legal and welfare arrangements. The framework consequently recognizes both the normative priority of filial responsibility and the

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ISSN (Online) 3090-9317
https://doi.org/10.5281/zenodo.21923209

legal necessity of institutional supplementation when family capacity is inadequate. This distinction is central to the study's argument: Islamic family law does not require a choice between family solidarity and state-supported care. Rather, its principles can support a graduated governance structure in which responsibility is maintained, capacity is strengthened, dignity is protected, and public intervention is activated when necessary. The resulting synthesis provides the theoretical foundation for the MECRF developed in Section 4.3.

CONCLUSION

This study examined how responsibility for elderly care is allocated between families and state institutions in Indonesia, Japan, Türkiye, and Australia. The first research objective is answered by demonstrating that family responsibility remains a central principle of elderly-care governance across the four jurisdictions, but its legal status, scope, and relationship with state intervention differ according to each legal and welfare context. Indonesia and Türkiye demonstrate stronger family-centred arrangements, in which filial responsibility is reinforced by religious, cultural, and family values, while Japan and Australia demonstrate more institutionalized systems in which the state provides extensive long-term-care, social-welfare, and regulatory support. Nevertheless, the comparison does not establish a simple opposition between family responsibility and state responsibility. Rather, the findings show that sustainable elderly care requires a complementary allocation of responsibilities. Families remain important for financial assistance, emotional support, companionship, decision-making, and preservation of intergenerational relationships, while governments and formal institutions provide professional care, healthcare, social protection, regulation, and financial or community-based support when family capacity is insufficient. Accordingly, family responsibility should not be interpreted uniformly as an unlimited obligation requiring children to provide all care directly. Its practical scope should be assessed according to the needs and rights of elderly persons and the economic, physical, geographical, and social capacity of family caregivers.

The second research objective is answered by demonstrating that Islamic family law and *maqāṣid al-sharīʿah* provide a normative framework for balancing filial responsibility, elderly dignity, family capacity, and state-supported welfare. The principles of *birr al-wālidayn* and *nafaqah* establish the continuing significance of filial responsibility, while *ḥifẓ al-nafs*, *ḥifẓ al-nasl*, and *ḥifẓ al-māl* provide evaluative criteria concerning the protection of life and wellbeing, family continuity, and economic security. *Karāmah al-insān* complements these principles by emphasizing the dignity, autonomy, privacy, and protection of elderly persons from neglect, abuse, discrimination, and degrading treatment. Meanwhile, *maṣlaḥah* provides an integrative basis for determining when family responsibility should be supported by community, professional, or state mechanisms. The findings therefore demonstrate that Islamic family law does not require elderly care to remain exclusively within the family. Where family capacity is inadequate, state and institutional intervention can complement filial responsibility when such intervention protects elderly dignity, prevents harm, supports wellbeing, and maintains meaningful family relationships. On this basis, the study proposes the Maqāṣid-Based Elderly Care Responsibility Framework (MECRF), consisting of five interconnected dimensions: filial responsibility, elderly dignity protection, family caregiving capacity, social welfare integration, and collaborative governance. The framework translates *maqāṣid al-sharīʿah* into a comparative governance model that connects the normative question of who bears responsibility with the practical question of how elderly care can be sustainably provided.

The principal contribution of this study is therefore the proposition that sustainable elderly care should be governed through capacity-sensitive, dignity-centred, and collaborative responsibility rather than exclusive reliance on either families or the state. The MECRF positions filial responsibility as the normative foundation, family caregiving capacity as a determinant of the practical scope of that responsibility, elderly dignity as the minimum standard for every care arrangement, social welfare as supporting infrastructure, and collaborative governance as the mechanism for coordinating families, communities, professional providers, religious institutions, and the state. This model provides a basis for strengthening family-centred care in Indonesia and Türkiye while encouraging meaningful family participation within the institutionalized systems of Japan and Australia. It also clarifies the practical relevance of Islamic family law to contemporary ageing societies by showing that Islamic principles can accommodate professional and state-supported care without abandoning intergenerational solidarity. Because the study is doctrinal and documentary, it does not directly measure actual caregiving behaviour or the lived experiences of elderly persons, and the MECRF therefore remains a normative and analytical framework requiring future empirical validation. Nevertheless, the study concludes that integrating Islamic family-law principles with comparative welfare governance can provide a more balanced approach to elderly care by reconciling filial responsibility, human dignity, caregiving capacity, social protection, and shared institutional responsibility.

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