



Protection of Abandoned Elderly People within Muslim Families in Indonesia: Redistribution of Responsibility between Family and State in the Social Welfare System

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Abstract

Population aging, shrinking household sizes, urbanization, labor mobility, and shifting intergenerational dynamics are diminishing some Muslim families' capacity to provide elderly care; consequently, elderly neglect must be understood as both a matter of family law and a public welfare responsibility. This study aims to reconstruct the division of responsibility between the family and the state in protecting neglected elderly individuals by examining the limits of kinship obligations under Islamic law alongside state obligations regarding social protection. Employing a normative legal research methodology, the study utilizes statutory, conceptual, and interpretive approaches. Primary legal sources include regulations on elderly welfare, social security, healthcare, and family law; secondary sources include Islamic family jurisprudence, studies on *maqāṣid al-sharī'ah* (the objectives of Sharia), and welfare state theory. The analysis uses normative interpretation, comparative principles, and a synthesis of family obligations, the protection of vulnerable groups, and public responsibility. The findings indicate that, in Islam, family obligation remains a primary responsibility rooted in kinship, maintenance, and solidarity. However, this primary status does not render it an exclusive obligation when a family's economic, demographic, and caregiving capacities are insufficient to meet the elderly's basic needs. The state must provide a minimum level of protection—including income security, healthcare services, social assistance, and care support—that is accessible when family mechanisms fail or prove

inadequate. The most appropriate redistribution of responsibility is built on complementarity: the family upholds moral obligations within its means, while the state guarantees minimum protection standards and proportional interventions for neglected elderly individuals. This model expands the interpretation of Islamic family law toward a framework of public responsibility oriented around the public interest and the protection of the elderly's dignity.

Keywords: Neglected Elderly; Islamic Family Law; Redistribution of Responsibilities; Welfare State; Social Welfare

Abstrak

Penuaan penduduk, penyusutan ukuran rumah tangga, urbanisasi, mobilitas kerja, dan perubahan relasi intergenerasional mengurangi kapasitas sebagian keluarga Muslim di Indonesia dalam menjamin perawatan lansia, sehingga keterlantaran perlu dipahami sebagai persoalan hukum keluarga sekaligus tanggung jawab kesejahteraan publik. Penelitian ini bertujuan merekonstruksi pembagian tanggung jawab keluarga dan negara dalam perlindungan lansia terlantar dengan menguji batas kewajiban kekerabatan menurut hukum Islam serta kewajiban negara dalam perlindungan sosial. Penelitian ini merupakan penelitian hukum normatif dengan pendekatan perundang-undangan, konseptual, dan interpretatif. Bahan hukum primer meliputi peraturan mengenai kesejahteraan lanjut usia, jaminan sosial, kesehatan, serta ketentuan keluarga; bahan sekunder mencakup fikih keluarga dalam Islam, kajian *maqāṣid al-syarī'ah*, dan teori negara kesejahteraan. Analisis dilakukan melalui interpretasi normatif, perbandingan prinsip, dan sintesis antara kewajiban keluarga, perlindungan kelompok rentan, serta tanggung jawab publik. Hasil penelitian menunjukkan bahwa kewajiban keluarga dalam Islam tetap menjadi tanggung jawab primer yang berbasis pada kekerabatan, pemeliharaan, dan solidaritas. Namun, status primer tidak menjadikannya kewajiban eksklusif ketika kapasitas ekonomi, demografis, dan pengasuhan keluarga tidak mampu memenuhi kebutuhan dasar lansia. Negara berkewajiban menyediakan perlindungan minimum melalui jaminan pendapatan, layanan kesehatan, bantuan sosial, dan dukungan perawatan yang dapat diakses ketika mekanisme keluarga gagal atau tidak memadai. Redistribusi tanggung jawab yang paling tepat dibangun secara komplementer: keluarga mempertahankan kewajiban moral sesuai kemampuan, sedangkan negara menjamin standar perlindungan minimum serta intervensi yang proporsional bagi lansia terlantar. Model ini memperluas pembacaan hukum keluarga dalam Islam menuju relasi tanggung jawab publik yang berorientasi pada kemaslahatan dan perlindungan martabat lansia.

Kata Kunci: Lansia Terlantar; Hukum Keluarga Islam; Redistribusi Tanggung Jawab; Welfare State; Kesejahteraan Sosial

Introduction

Population aging has reshaped caregiving responsibilities within families, making the protection of older people a critical issue for both Islamic family law and social welfare policy in Indonesia. Parent-child relationships in Islam are grounded in the principles of *birr al-wālidayn* (filial piety/devotion to parents) and *ihsān* (benevolence), as well as the obligation to meet parents' needs when they can no longer sustain themselves independently (Kusumaningrum, 2023). However, social transformations have altered families' capacity to fulfill caregiving functions sustainably (Mestre et al., 2024). Elderly individuals with children do not necessarily receive adequate protection if those children face economic constraints,

geographical distance, other caregiving burdens, or limitations regarding time and caregiving ability. In this study, the concept of the “neglected elderly” refers to older adults who do not receive adequate fulfillment of basic needs, care, protection, or social support due to the absence, inability, or failure of family or social care networks (Shaw et al., 2026). This framework highlights a “responsibility gap”—the disparity between normative family obligations, actual family capabilities, and the state’s capacity to provide social protection for vulnerable elderly individuals.

Demographic shifts provide an empirical basis for the urgency of this issue. Statistics Indonesia (BPS) recorded that 12.00 percent of Indonesia’s population consisted of elderly individuals in 2024, with an elderly dependency ratio of 17.08; these figures indicate that Indonesia has entered an “aging population” phase since 2021, when the proportion of the population aged 60 and older reached approximately 10 percent. Furthermore, in 2024, approximately 36.05 percent of households included elderly members, showing that population aging affects household life and intergenerational relationships (BPS, 2024). In 2025, the elderly population was recorded at 11.93 percent of Indonesia’s total population; This figure is slightly lower than that of 2024—meaning it cannot strictly be termed an annual increase—yet it still indicates that Indonesia is experiencing an aging population structure (BPS, 2025). Regarding health, the March 2024 National Socioeconomic Survey (Susenas) revealed that 42.81 percent of older people had experienced health complaints within the past month, with a morbidity rate of 20.71 percent; these figures varied according to age group, disability status, place of residence, and socioeconomic characteristics (BPS, 2024). Herlina et al. (2024) found that the responsibility for caring for elderly parents remains vested in the family and adult children under both Islamic law and Indonesian positive law. These findings highlight the strength of familial responsibility while raising questions about who guarantees protection when the family’s capacity falls short of older people’s needs.

Existing literature reveals several lines of inquiry that remain conceptually unconnected. Setyawati et al. (2024) position parental care as part of the Muslim family’s responsibility and emphasize the normative dimensions of the parent-child relationship; however, their analysis does not explain how this obligation operates when the family’s economic and social capacities change structurally. Ismail et al. (2026) reinforce *birr al-wālidayn* as the basis for a child’s obligation to care for their parents. However, their normative focus does not develop mechanisms for sharing responsibility when the family cannot meet older people’s needs. Syufa’at et al. (2023) analyze the “sandwich generation” phenomenon through the lenses of Islamic law and positive law, affirming the dominance of familial responsibility; however, they do not position the state as an actor with complementary responsibilities, nor do they formulate principles for redistributing burdens. Jahangir et al. (2025) demonstrate shifts in family structure and a decline in the intensity of elderly care within modern families. However, they do not translate

these findings into an analysis of how legal and welfare responsibilities are allocated. Abdullah et al. (2025), employing the *maqāṣid al-sharī'ah* (objectives of Islamic law) approach, highlight the importance of family care as a form of *birr al-wālidayn*; however, the study focuses specifically on dementia and has not yet examined the institutional relationship between the family and the state.

Reinders and Huijer (2024) demonstrate that placing elderly parents in care facilities can be justified when socioeconomic conditions render family care unfeasible, the parents' needs are better met, and parental consent is obtained; however, they do not address the state's role as a guarantor of social rights or the mechanisms for resource sharing between the family and the state. Barnett's (2024) study on the positive law regarding elderly protection identifies existing provisions concerning the responsibilities of children, the government, and society, while also highlighting regulatory limitations in enforcing legal consequences for the neglect of elderly parents. Collectively, these studies reveal three interconnected gaps: an empirical gap regarding the limited explanation of the relationship between family capacity and the risk of abandonment; a normative gap concerning the lack of clarity regarding the relationship between children's obligations under Islamic law and the state's obligations regarding social protection; and a conceptual gap regarding the absence of established principles for sharing responsibility based on elderly needs, family capacity, vulnerability levels, economic means, and public obligations. Based on these gaps, this research frames the redistribution of responsibility as restructuring the division of duties and resources between the family and the state, without eliminating familial obligations or shifting the entire care burden onto the state.

The research problem is articulated through four sequential questions: How are Muslim families' obligations to protect abandoned elderly individuals constructed under Islamic family law? What socioeconomic and structural factors limit family capacity to fulfill caregiving obligations? How is the state's obligation toward abandoned elderly individuals situated within the framework of social rights and Indonesia's welfare system? Moreover, what principles can be used to establish a proportional redistribution of responsibility between the family and the state, based on the needs of older people and the capacities of the responsible parties? The research aims to reconstruct the conceptualization of family obligations, analyze factors limiting family capacity, evaluate the state's position as a guarantor of social protection, and formulate redistribution principles that integrate religious obligations, legal duties, economic capacity, levels of need, and the social rights of older people. This research is motivated by the tension between the strong familism prevalent in Muslim families and shifting social structures that have made family caregiving capacities increasingly uneven. While filial obligations remain grounded in robust moral-religious and legal foundations, the state's obligations cannot be viewed merely as a substitute for when the family fails to fulfill its functions. This

study aims to develop an analytical framework linking Islamic family law with social welfare theory—specifically through the concepts of the “responsibility gap” and “proportional responsibility”—while simultaneously expanding the scope of Islamic family law scholarship from the bilateral relationship between children and parents to the broader family-state configuration.

Method

This study is a normative legal inquiry linking Indonesian positive law and Islamic law through statutory, conceptual, and interpretive approaches. The analysis focuses on the distribution of responsibility between Muslim families and the state, considering the nature of the obligation, conditions of neglect, family capacity, and available forms of protection. Primary legal materials include prevailing regulations on social welfare, the elderly, social protection, and family law. Secondary materials include Islamic family jurisprudence, studies on *maqāṣid al-sharīʿah*, welfare state theory, scholarly articles, academic books, and legal studies. Sources were selected based on authority, applicability, substantive relevance, and their contribution to the research question, with a clear distinction made regarding the normative weight of each source category. Data collection involved a systematic search of regulations, legal repositories, scholarly databases, and Islamic legal literature, applying inclusion criteria based on relevance, validity, and source authority. Analysis proceeded by classifying norms and actors, then applying grammatical, systematic, teleological, historical, and *maqāṣidī* (purposive) interpretations as appropriate, followed by a cross-comparison between Islamic law and positive law. Gaps were analyzed by comparing normative frameworks, policies, and official secondary data, then mapped against types of elderly needs and the conditions triggering state intervention to define boundaries, complementarity, and the redistribution of responsibilities.

Results and Discussion

The Responsibility of Muslim Families towards the Elderly from the Perspective of Islamic Family Law

Responsibility toward elderly parents should be framed as a relationship of rights and obligations involving varying degrees of normativity. The Qur’an establishes the concept of *birr al-wālidayn* through commands to act kindly, prohibitions against uttering hurtful words, and the requirement to humble oneself in compassion (Qur’an [17]: 23–24), while Qur’an [31]: 14 emphasizes respect and acknowledgment of parental sacrifices. The norm of *birr* primarily constitutes a moral-religious obligation encompassing respect, appropriate communication, attentiveness, and the avoidance of hurtful actions (Shihab, 2010). This category is not automatically synonymous with the obligation to provide financial support (*nafaqah*) or intensive care. Such a distinction is necessary to prevent family law concepts from uncontrollably expanding the scope of the scriptural texts. Hadiths

regarding the status of mothers and fathers—such as those narrated by al-Bukhārī (1993)—reinforce the priority of serving parents as an ethical-religious imperative, whereas the associated legal consequences require distinct *fiqh* (Islamic jurisprudence) reasoning.

Material obligations are structured differently, as *fiqh* links them to the parents' needs and the child's financial capacity. Al-Nawawī (1996) explains that parents are among those entitled to receive financial support from their children, particularly when in need, with the obligation falling upon children who possess the means to fulfill it. This framework shows that financial support for relatives is not an absolute material demand but is instead contingent on the economic circumstances of both parties. Al-Nawawī (1996) further clarifies that if a person's means cover only a portion of their dependents' needs, support is adjusted to match available capacity, ensuring the obligation does not exceed the provider's economic limits. In the context of elderly parents, financially capable children face stronger demands for financial support when their parents cannot meet their basic needs.

Distributing obligations among family members requires an analysis of kinship ties, economic conditions, and the dependent party's level of need. Al-Nawawī (1996), for instance, explains that the obligation of financial support in the Shāfi'ī school primarily concerns the parent-child relationship. In contrast, other relatives—such as siblings and uncles—are not automatically included among those entitled to such support. Ibn Qudāmah (1997) presents a broader scope within the Ḥanbalī school by mandating support for parents and children in need, while linking this obligation to the provider's financial capacity. Ibn Qudāmah explicitly affirms the obligation to support destitute parents who lack assets or income, provided the child has the means to bear such costs. Meanwhile, the division of the burden among multiple children is not always uniform; Ibn Qudāmah notes differing opinions on allocating support between sons and daughters, including the Ḥanbalī view that links it to the principles of inheritance distribution (Ibn Qudāmah, 1997).

Needs such as food, housing, clothing, medical care, mobility, safety, companionship, and emotional support possess distinct normative characteristics; specific material needs may fall within the scope of mandatory support if the requisite conditions for kinship-based maintenance are met—specifically, the existence of need on the part of the dependent and the capacity of the provider to meet that need (Yasin et al., 2023). Meanwhile, providing companionship, respect, humane treatment, and attention to the wellbeing of elderly parents falls more appropriately within the scope of *birr al-wālidayn, ri'āyah* (care), and the obligation to shield them from harmful treatment or neglect (Ahyani, Putra, & Sofanudin, 2024). The legal maxim *al-ḍarar yuzāl* (harm must be removed) reinforces a protective approach when negligence or specific actions result in tangible harm, whereas the maxim *al-mashaqqah tajlib al-taysīr* (hardship brings about ease) provides a framework for considering the difficulties involved in fulfilling

obligations and the possibility of adjusting legal requirements based on the prevailing circumstances (Al-Zarqā, 1989). However, the application of these maxims should not be construed as an automatic justification for diminishing or absolving family responsibilities, as their implementation necessitates an assessment of the facts, the level of need, individual capacity, and the legal consequences of the chosen course of action.

Maqāṣid al-sharī'ah provides an evaluative framework for assessing the adequacy of the construct of family obligations. Al-Ghazālī (1993) identified the preservation of religion, life, intellect, lineage, and property as the five essential needs (*al-ḍarūriyyāt al-khams*) that constitute the objectives of Sharia protection. Jasser Auda (2010) subsequently broadened the analytical orientation from the mere protection of these five elements to a wider focus on human wellbeing, justice, dignity, and the social dimensions of Islamic law. In the context of older people, this framework allows their needs to be interpreted through *ḥifẓ al-naḥs* (preservation of life), relating to survival, safety, and health; *ḥifẓ al-'aql* (preservation of intellect), relating to the maintenance of cognitive capacity and psychological wellbeing; and *ḥifẓ al-māl* (preservation of property), relating to the security and sustainability of economic resources. The *maqāṣid* approach also enables an assessment of whether meeting the basic needs of older people truly achieves protection aligned with Sharia objectives, given that their dependency encompasses biological, psychological, social, and economic dimensions, as well as human dignity (Humaeroh et al., 2025).

A normative synthesis yields four interconnected yet distinct layers of responsibility. The first layer is *birr al-wālidayn*, a moral-religious obligation encompassing respect, communication, and the prohibition of causing harm. The second layer is *naḥaqah* (financial maintenance), a conditional material obligation contingent upon the parents' needs and the provider's capacity. The third layer is *ri'āyah*, a responsibility for care that derives normative force from concrete needs, the principle of preventing harm, and the imperative to uphold dignity. The fourth layer consists of relatives' responsibilities, distributed according to kinship structures and financial capacity in accordance with relevant *fiqh* constructs. *Maqāṣid al-sharī'ah* serves as an evaluative principle that assesses each layer's adequacy in meeting the life needs and upholding the dignity of older people.

Elderly Neglect and the Crisis of Family Protection Capacity

In this study, neglect of older adults refers to a condition in which their basic needs, care, safety, and social and emotional requirements are not adequately met within caregiving or support relationships for which others are responsible (Shaw et al., 2026). This concept is closely related to "elder neglect"—defined as the failure or negligence of a responsible party to meet an older adult's basic needs or protect them from harm (Yunus, Hairi, & Choo, 2019). Neglect must be distinguished from poverty, living alone, dependency, and social isolation, as these four conditions do

not necessarily indicate a responsible party's failure to meet an older adult's needs. Materially, neglect is evident in the failure to provide food, water, clothing, adequate housing, medication, and healthcare services (Fedock & Murray, 2024); regarding care, it encompasses a failure to assist with activities of daily living, mobility, medication use, personal hygiene, and safety (Bosma et al., 2020); while in social and emotional terms, neglect may manifest as a lack of the support, meaningful interaction, attention, and relational responsiveness required for older adults to maintain their wellbeing and dignity (Ricoy-Cano et al., 2024).

Household structure influences caregiving capacity primarily through the availability of potential caregivers, relational and geographic proximity, time allocation, and mobilizable resources (Chang et al., 2026). In the Indonesian context, caregiving relationships cannot be adequately explained through a simple dichotomy between extended and nuclear families; kinship networks in Indonesia are dynamic, and support systems may involve children, spouses, siblings, grandchildren, nieces and nephews, other relatives, and even community members outside the household (Absor et al., 2024). A study by Widyastuti et al. (2023) on the family networks of older adults in several Indonesian communities indicates that support gaps can arise due to childlessness, children's migration, severed ties with children or relatives, and socioeconomic disparities; the impact of these factors varies, however, depending on the family network's size, composition, location, cohesion, and capacity to provide support. Migration, for instance, does not necessarily eliminate caregiving functions—as children living far away can still provide material support—but under certain conditions (such as long distances, meager remittances, or broken relationships), it can heighten older adults' vulnerability (Schröder-Butterfill et al., 2023).

Urbanization and labor migration change location, interaction frequency, and the intergenerational division of caregiving roles. In Indonesia, Kumar (2025) demonstrates a link between children's migration and the health status of older adults, though this relationship is not invariably negative; migration can yield benefits through resources children bring back or send to the families they leave behind. Hasanah et al. (2021) also show that parental health influences children's migration decisions: individuals with elderly parents in poor health are less likely to migrate due to caregiving responsibilities. While migration may reduce a child's physical presence, mechanisms such as remittances, regular communication, visits when feasible, and the presence of other family members can partially compensate for the decline in face-to-face interaction; research by Aminuddin et al. (2019) in East Java, for example, highlights that transnational communication, visits during leave, remittances, and care arrangements play a crucial role in maintaining relationships between female migrants and the parents they left behind. At the same time, this compensation does not always meet parents' needs proportionately, as remittances from married daughters in Indonesia are largely allocated to their

marital households and children. In contrast, parents may receive financial support only when they provide childcare for their grandchildren (Mas'udah, 2020).

The consequences of migration also highlight the importance of distinguishing between the material and relational dimensions of neglect. Kumar's (2021) study of elderly parents left behind by migrating children in Indonesia found a link between children's labor migration and a decline in parents' emotional wellbeing, with family conditions, social support, and the characteristics of the migrant's job influencing the severity of the impact. These findings indicate that remittances do not necessarily eliminate the social costs associated with a family member's absence. Conversely, the economic benefits of migration can bolster a household's capacity to fund elderly care needs when transfers are allocated to healthcare, consumption, or substitute services (Cahyadi et al., 2020). Consequently, the mechanisms through which migration exerts influence must be understood through the interplay between the loss of physical presence, shifts in the division of caregiving duties, the quality of long-distance support, and the financial ability to purchase care substitutes. In the context of Muslim families, this situation is best analyzed by viewing the family as a network that can uphold filial obligations through material practices, communication, decision-making, and care coordination, rather than assuming that distance inevitably erodes solidarity.

Women's participation in paid employment alters time allocation for caregiving and raises the opportunity cost of informal care. This analysis must not conflate caregiver burden with neglect; caregiver burden is a condition experienced by the caregiver, whereas neglect refers to a failure to meet the older adult's needs (Batista-Malat et al., 2025). The link between the two emerges when care demands escalate, the caregiver's available time shrinks, the gender-based division of labor is unbalanced, and the family lacks resources for substitute care. This configuration varies according to economic class: households with higher incomes and greater work flexibility can purchase services or organize care arrangements, whereas low-income households face more limited choices (Suristiani, Wijayanti, & Oktarina, 2024).

Economic pressure increases the risk of neglect by forcing competition for income, time, and assets among household members' competing needs. Poverty is not synonymous with neglect, as low-income families can maintain support through resource sharing, kinship networks, or community solidarity (Sattler, 2022); conversely, relatively affluent families can also experience neglect when caregiving relationships are weak (Roskam et al., 2022). Through its 2024 Statistics on the Elderly Population, BPS (Statistics Indonesia) provides an empirical basis regarding the demographic conditions, health, economic potential, social circumstances, and access to protection for older people (BPS, 2024). These data need to be linked with indicators such as health expenditure, employment, asset ownership, intergenerational transfers, the need for assistance with daily activities, and income

security. The relevant mechanism is not simply “poor families neglecting the elderly.” Instead, household resources are insufficient to meet care needs, coping strategies fail to bridge the shortfall, and older people’s needs are repeatedly deferred or left unmet.

Disparities in family capacity become more apparent when the needs of the elderly increase alongside a depletion of caregiving resources. Four dimensions can be used to analyze this mechanism: material capacity (income and assets), temporal capacity (availability of time), geographic capacity (proximity to older people), and relational capacity (the existence of functional relationships and caregiver networks). These four factors interact with the older adult’s level of dependency, health status, ability to perform daily activities, and long-term care needs. This configuration creates a “capacity–obligation gap”—the disparity between the needs that must be met and the family network’s actual ability to meet them.

The State’s Position on the Protection of Abandoned Elderly Persons within the Social Welfare System

The Constitution establishes the right to a decent standard of living, social security, and healthcare, as well as the state’s responsibility toward vulnerable groups, as the foundation of public obligations. Articles 28H(3) and 34(2) of the 1945 Constitution of the Republic of Indonesia (UUD NRI 1945) provide the constitutional basis for developing social security and protecting vulnerable groups, while Article 28I(4) designates the fulfillment of human rights as the responsibility of the state, particularly the government. Law No. 11 of 2009 reinforces this framework by mandating the provision of social welfare in a planned, targeted, and sustainable manner, and by regulating responsibilities, supervision, monitoring, and evaluation. Law No. 13 of 1998 provides the sectoral basis for the welfare of older people, while Government Regulation No. 43 of 2004 serves as the implementing instrument.

The state functions as a norm-setter when establishing rights and service standards; as a regulator when governing service delivery and financing; as a service provider or facilitator when offering social rehabilitation and healthcare access; and as a coordinator when authority is distributed between central and regional governments (Firmansyah & Budiyo, 2025). The state’s role also extends to acting as a final safety net when older people lack adequate family support (Fihel, Kalbarczyk, & Nicińska, 2022). Presidential Regulation No. 88 of 2021 is significant in this regard, as it establishes the National Strategy on Aging as a reference for ministries, agencies, and regional governments, covering social protection, income security, healthcare, institutional strengthening, and the respect, protection, and fulfillment of older people’s rights. Law No. 11 of 2009 also incorporates guidance, supervision, monitoring, and evaluation as integral elements of social welfare provision. Consequently, the state’s role is to create a system that enables older people to receive sustainable protection.

Law No. 13 of 1998 remains in effect as sectoral legislation, and Government Regulation No. 43 of 2004 serves as an implementing regulation, whereas Presidential Regulation No. 88 of 2021 acts as a strategic guide for ministries, agencies, and local governments in formulating policies and programs for older people. This hierarchical distinction is crucial because a national strategy cannot substitute for the rights enshrined in legislation. Law No. 40 of 2004 established the National Social Security System, while Law No. 24 of 2011 designated BPJS as the administering body, with its functions, duties, authority, accountability, and oversight mechanisms legally defined. Together, these instruments demonstrate a social security-based protection dimension that differs from social rehabilitation or selective assistance. As the duty bearer, the state must examine the interrelationships between these instruments—including coordination points, jurisdictional boundaries, financing, and access pathways for neglected elderly individuals lacking family support networks.

The social citizenship approach views welfare as integral to a citizen's capacity to live with dignity (Fourcade, 2021), whereas the residual approach positions public intervention primarily as a measure taken when family or market mechanisms fail to meet needs (Orishaba et al., 2022). Indonesia's configuration should not be hastily categorized as a residual welfare model simply because some forms of assistance employ targeted approaches. Analysis must account for social security schemes, public services, selective assistance, and reliance on family support. "Familialism" must also be understood in terms of the distribution of caregiving functions within the family, rather than merely the existence of kinship ties. Indonesia's position is best understood as a mixed configuration that requires assessment based on coverage, accessibility, adequacy, continuity, quality, and accountability in protection. This framework enables an evaluation of state capacity without prematurely imposing a specific welfare regime classification.

Policy evaluation requires metrics that link norms to the experience of protection. Coverage measures the proportion of older adults reached by services; accessibility assesses administrative, geographic, informational, and economic barriers (Alshalalfah et al., 2025); adequacy evaluates the sufficiency of benefits relative to living and care needs; continuity assesses the sustainability of services as needs escalate (Chong et al., 2022); quality evaluates how well services align with the health conditions, mobility, and dignity of older adults (Smith, Martin-Khan, & Travers, 2022). Accountability assesses mechanisms for complaints, monitoring, evaluation, and corrective action when services fail (Piatak, Mohr, & Leland, 2017). Through its Statistics on the Elderly Population 2025 report, BPS provides data on demographics, health, economic potential, social conditions, and older adults' access to protection and empowerment facilities; these data are derived from the March 2025 National Socioeconomic Survey (Susenas), the August 2025 National Labor

Force Survey (Sakernas), population projections based on the 2020 Census, and secondary data from various ministries and agencies (BPS, 2025).

The ATENSI program officially designates neglected older adults as a target group. It employs a family-, community-, and residential-based approach, offering services that include meeting basic living needs, social care, family support, therapy, social assistance, and accessibility support (Putri & Imelda, 2025). This design demonstrates the state's capacity to intervene when family support networks are inadequate, including providing residential services as a last resort. Critical analysis is required to examine whether identification mechanisms successfully locate older adults lacking caregivers, how needs assessments determine the type of service provided, whether cross-sectoral referrals function effectively when health and social needs overlap, and whether services continue beyond the initial intervention. Health coverage cannot be equated with comprehensive social protection, as the financing of medical services does not automatically guarantee food, housing, companionship, safety, or assistance with daily living activities (Murty et al., 2024). The differing functions of these programs highlight the need to integrate data collection, assessment, financing, service delivery, referrals, and oversight.

The scope of state responsibility should be defined as a minimum standard of protection rather than an obligation to provide every form of care directly. The state is obligated to establish a legal framework, ensure financing and access, set service standards, coordinate institutions, provide complaint and oversight mechanisms, and ensure that no neglected older adult loses protection simply because their family support network fails. While normative mandates are embedded in the Indonesian legal system, policy evidence is needed to assess alignment between these mandates and their implementation. Presidential Regulation No. 88 of 2021 indicates a policy shift toward cross-sectoral and inter-governmental coordination. In contrast, Law No. 11 of 2009 provides the framework for responsibility and the evaluation of social welfare provision.

Redistribution of Responsibility between Family and State in the Protection of Abandoned Elderly People

The redistribution of responsibility is defined as the restructuring of obligations, costs, risks, caregiving time, and protective functions between the family and the state, based on the older adult's needs, the family's capacity, and the level of vulnerability involved. This concept does not shift filial obligations entirely to the state; rather, it involves a tiered division of functions so that one actor's limitations do not result in deprivation for older people. This framework positions family obligation as the relational starting point, while state obligation serves as a public guarantee that minimum protection standards are met. The division of responsibilities is determined not merely by kinship ties, but by the alignment of needs, capabilities, risks, and available resources. A capacity-based allocation approach allows responsibilities to be distributed proportionally, avoiding the

idealization of the family as a provider of limitless care or the state as a total substitute for family functions.

Family obligation remains the primary basis for ensuring older people receive adequate necessities, companionship, security, and relational support through family members with sufficient capacity. The status of “primary caregiver” does not imply that a single child must bear all costs and caregiving labor; internal distribution must consider the economic means, time, proximity, competence, and contributions of other family members. *Maqāṣid al-sharīʿah* provides substantive criteria for this division by protecting life, intellect, property, lineage, and human dignity. At the same time, the principle of *birr al-wālidayn* offers an ethical orientation for family relationships. Integrating these two frameworks prevents family obligation from being reduced to mere financial maintenance. Family responsibility is considered fulfilled when contributions tangibly safeguard the safety, livelihood needs, dignity, and wellbeing of older people, within a capacity that can be reasonably accounted for.

Capacity gaps provide the rationale for shifting toward complementary state responsibility. Such conditions arise when the care needs of the elderly increase, yet income, time, physical ability, caregiving competence, or the family’s caregiving network prove insufficient to maintain adequate protection. At this level, the state does not take over the entirety of filial relationships; instead, it provides services, funding, information, health and social facilities, caregiver support, and coordination mechanisms that address specific gaps. This principle distinguishes the redistribution of responsibility from total defamilialization. Public assistance targets functions that families cannot reasonably fulfill on their own. In contrast, functions such as emotional bonding, communication, joint decision-making, and social engagement remain within the family’s purview. The complementary model also avoids the assumption that state assistance inevitably erodes family solidarity, as public support can actually reinforce the sustainability of informal caregiving. Support distribution must be adaptive, given that a caregiver’s capacity can fluctuate because of factors such as age, employment, health status, migration, and changes in household composition (Huang et al., 2025).

State intervention becomes a stronger obligation when a “capacity gap” evolves into a tangible threat to the basic needs, safety, health, or dignity of older people. The threshold for intervention is not determined solely by poverty or family presence; economically secure families may fail to provide care, whereas impoverished families may still sustain support through social networks (Young et al., 2020). Assessments must consider the intensity of needs, dependency regarding daily activities, health risks, the availability of effective caregivers, the quality of care, and the persistence of unmet needs. The principle of vulnerability reinforces the rationale for intervention, as highly dependent older adults have limited capacity to rectify their own lack of protection (Mah et al., 2022). The concept of social

citizenship introduces a rights-based dimension: access to basic protection should not depend entirely on the accident of birth into a well-off family.

A “guarantor” role is required when older adults lack effective caregivers, suffer serious neglect, or when family mechanisms fail to meet basic needs even after complementary support has been provided. This last-resort guarantee includes identification, assessment, referral, financing, the provision of substitute services, protection from harm, and monitoring of service continuity. The state need not provide every form of care directly; the public obligation lies in ensuring effective protection outcomes and accountability mechanisms when providers fail. The social citizenship framework articulates older adults’ rights—as citizens—to social protection (Francés-García, Ramos-Feijóo, & Lillo-Beneyto, 2025), while the welfare state provides institutions to share risks that individual households cannot bear alone (Hacker & Rehm, 2022). This approach renders state responsibility outcome-oriented: family failure must not result in a loss of protection, even if the services themselves originate from the government, social institutions, the community, or professional providers.

The dialogue between Islamic family law and the welfare state results in a division of obligations that is not merely substitutive. Islamic family law establishes a normative basis for filial responsibility through *birr al-wālidayn*, the obligation of financial support (*nafaqah*) when conditions are met, and the provision of care (*ri’āyah*) for parents’ needs; the *maqāṣid* framework assesses whether fulfilling these obligations results in substantive protection. The welfare state provides an institutional framework for social rights, risk-sharing, public services, and a social safety net. While both approaches converge on the goal of human protection, they differ in the sources and mechanisms of their obligations. Family obligations are rooted in kinship ties and moral-legal responsibilities, whereas state obligations stem from citizenship status, social rights, and constitutional mandates. This relationship allows the state to strengthen protection without eliminating filial obligations that can still be reasonably fulfilled.

The principle of social justice requires redistribution along two simultaneous axes: allocating burdens based on capacity and distributing protection based on need. Families with greater means can shoulder a larger share of responsibility, while families facing severe limitations receive public support without forfeiting their moral standing. The state is obligated to mitigate protection gaps when disparities in family capacity result in unequal access that threatens the fulfillment of older people’s basic needs (Asmorowati, Schubert, & Supeno, 2024). This logic links vulnerability and social citizenship: older people’s needs determine the level of protection, family capacity determines the contribution share, and state capacity determines the form of support provided. The resulting redistribution model positions the family as the primary caregiver when needs can be adequately met; the state as a complementary provider when capacity gaps can be bridged; the state as

a protective intervener when caregiving failures threaten rights and safety; and the state as a guarantor when the elderly lack effective protection.

Conclusion

Muslim families' obligations toward the elderly are grounded in the principles of *birr al-wālidayn*, *nafaqah*, and kinship responsibility; however, changing family structures, urbanization, migration, work patterns, shrinking household sizes, and economic pressures consistently diminish their capacity to fulfill these duties. Instances of elderly neglect resulting from a family's inability to provide care necessitate a redistribution of responsibility involving the state as a guarantor of basic rights and a subsidiary actor—rather than a replacement for family functions—whereby the division of responsibility aligns with family capacity, the older adult's needs, and the state's public obligations. This framework expands upon Islamic family law by conceptualizing a multi-layered responsibility structure that links religious norms with the welfare state. Practical implications include integrating social services, caregiver support, mechanisms for identifying neglect, and state intervention for elderly individuals lacking adequate family support. The study's normative nature and focus on Indonesia limit the assessment of actual practices, policy effectiveness, and the heterogeneity of Muslim families across social classes, regions, and institutional capacities, as well as the generalizability of findings across different countries and social contexts. Future research should use qualitative and quantitative empirical studies, policy evaluations, and cross-country comparisons among Muslim nations to examine the family-state division of burdens, determine thresholds for public intervention, measure the effectiveness of protection measures, and validate responsive institutional models.

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Author Contribution Statement

ESP contributed to conceptualization, methodology design, data collection and analysis, and manuscript writing and revision. AB contributed to data collection, analysis of research materials, and manuscript review. RR contributed to the literature review, data analysis, and manuscript editing. NMKS contributed to source collection, interpretation of results, and critical review of the manuscript. H contributed to validating results, substantive review, and manuscript refinement. All authors approved the final version of the manuscript and are responsible for the integrity of the work.

Conflict of Interest

This article presents no conflicts of interest—whether financial or non-financial—that could influence the research process, writing, interpretation of results, or publication. The entire research and manuscript preparation process was

conducted independently, free from any interests or relationships that could compromise scientific objectivity and integrity.

AI Usage Statement

The author used artificial intelligence (AI) technology to a limited extent to enhance language quality, correct grammar, and assist with manuscript formatting. AI was not used to generate scientific content. All research results, findings, concepts, analyses, ideas, interpretations, and conclusions are the work and responsibility of the author. The author has reviewed and verified the entire content of the manuscript and bears full responsibility for its accuracy and integrity.

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