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Towards a Dignified Sunset: The Resilient Shift from Lifespan to Healthspan in East Asia's Longevity Era

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Abstract:

East Asia is one of the most densely populated regions on earth. According to new UN Population Fund data, the average life expectancy is 73.16 years worldwide. Interestingly, the majority of East Asian countries greatly surpass this frequency. However, this puts up enduring sight soaring shipping costs and the world's best rapid demographic aging. A long lifespan, on the other hand, does not translate to an increased healthspan. Using a life-course perspective, this research examines the various aging issues that Japan, South Korea, and China experience across biological, social, economic, and policy regions. According to an empirical study of Healthy Life Expectancy data from 2000 to 2021, considerable native improvements have been made, perhaps at various levels. The report contends that using technology in elder care to prioritize healthspan over only longevity requires popular transformation, including embedding primary prevention of age-related diseases, generally redefining aging beyond standard xiao, and reallocating financial resources toward promotion of life-course health. It involves more activists, including institutional changes, in East Asia's cultural environment to reduce old-age bankruptcy and longevity risk. Due to shared issues, which are made worse by social resemblance and accelerated aging, cross-national cooperation is required.

Keywords: Healthspan; Life course perspective; Ageing society; Active aging.

1. Introduction

When its inhabitants were 65+ and over 7 % of the population, France was the first to transition to an aging society in 1865, followed by the UK and Sweden. Interestingly, East Asians moved on to this step. Japan became Asia's first aging society in 1970 (65+ population: 7.1%), with South Korea and China subsequently crossing the 7% threshold. Unlike the gradual maturity course observed in the West, East Asia's

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demographic shift has been extremely rapid. As analyzed in the OECD review" Retirement at a Glance Asia/Pacific 2024", South Korea, already ranked the eighth youngest state in the OECD, is projected to become its oldest by 2049.

East Asian societies need to help their young age groups to live comfortably. In order to achieve this, it must be ensured that energy also indicates a longer life and, crucially, a more extended period of good, valuable life. Longitudinal analysis of World Health Organization data from 2000 to 2021 reveals divergent trajectories in Healthy Life Expectancy (HALE) at birth across three East Asian nations, but exhibited robust advancement in population health between 2000 and 2021, as evidenced by a 4.6-year regional average rise in HALE. apan's increase from 71.1 to 73.4 years, South Korea's 66.6 to 72.5 years progression, and China's ascent from 63.1 to 68.6 years collectively demonstrate accelerated convergence. The initial 8.0-year disparity between the highest and lowest national values contracted to 4.8 years by 2021. Critically, all three nations achieved post-2010 annualized growth rates exceeding 0.30 years, confirming synchronized health transitions driven by shared socioeconomic development and public health infrastructure enhancement.

1.1 Research Objectives and Significance

This study advances the study of aging by adjusting its focus from lifespan promotion to healthspan expansion. It expands the scope of the guiding principle within contemporary medical models to include the proper lessening of chronic diseases in earlier career stages. The study reinterprets the societal view of aging culturally through a novel synthesis of East Asian filial piety (*xiao*) and universal principles of dignified aging. Economically, it provides scientific evidence demonstrating the better price-effectiveness of evaluating healthspan investments similar to interventions focused solely on extending lifespan. The research draws on East Asia's shared traditional history and quick demographic aging pattern to create a creative East Asian great age framework.

In practice, these findings catalyze material, multi- regional initiatives: strengthening efforts in schooling and earlier detection of disease, developing and deploying technology- increased eldercare systems that promote individual living while reducing caregiver burden, shifting social security architectures toward models that emphasize vigilant, lifelong health management, stimulating innovation in constant real- time health monitoring technologies, and establishing international East Asian policy communities dedicated to the exchange of best practices regarding pension system reform and end of life care provision. Collectively, these included actions promote respectable aging changes while simultaneously addressing pressing structural problems.

1.2 Research Methods and Research Structure

The life course perspective serves as the main analytical framework for this article's comprehensive analysis of the varied problems facing ageing populations in East Asia throughout their lives. The combined relationships of health capital growth, and evolving support requirements are clarified by this intellectual glass. The research conducts a thorough statistical analysis in terms of strategy. In terms of genetic, social, economic, and plan dimensions, it examines how the aged experiences of China, Japan, and South Korea relate to one another. This combined comparison enables the identification of divergence caused by various administrative combinations and commonalities caused by shared social foundations. Horizontal quantitative datasets, which are typically derived from WHO and OECD accounts and national statistical books, are used to quantify progress and numerous disparities across important health indicators. Qualitative case studies examining operational improvements and preparing assessments are incorporated to complement this macro-level analysis and demonstrate context-specific options. This scientific triangulation, combining intellectual framing, cross-global comparison, horizontal data, and case evidence, provides a good foundation for understanding the complexities of extending healthspan in East Asia and deriving important insights for policy reform and regional collaboration. In particular, the research examines how these nations manage the fight between life course and healthspan in their unique socio-cultural and administrative combinations. It also examines the efficacy of region-specific strategies.

2. Literature Review

2.1 The Distinction between Aging Populations and Old People

"Old people" and "Aging populations" are unquestionably distinct categories. According to the WHO, "old folks" are clinically defined as a condition brought on by a long-standing accumulation of molecular and cellular damage that leads to a gradual decline in physical and mental abilities, increased illness risk, and ultimately death. These adjustments are unrelated to the past. The concept of old age becomes subjective as a result of the lived experience of physical restrictions and a self-referential view of sensory loss [1]. In comparison, the aging community works as a fundamental statistical change, with each person's view of time being essentially diverse. In other words, the aging population is a democratically mandated historical classification. A person's inclusion in this statistical type is instantaneous upon reaching the designated time. One still has a particular intellectual understanding of how ancient they are, even though deter-

mining oneself as an age is an objective managerial classification.

2.2 Disempowerment and Marginalization of the Aging Population

Due to the fundamental approach known as autonomy, individuals or groups are denied company, freedom, and decision-making power. This experience frequently leads to psychological impotence and sociostructural effects like disillusionment and social exclusion. Social relations, administrative systems, and related social structures mediate its methods [2].

The conventional concept of "social exclusion" was fully introduced in the 1970s by the French professor René Lenoir. Amartya Sen considerably developed this concept, saying that social exclusion represents, in reality, a form of capability deprivation. Its defining value is that individuals are restricted from having a meaningful life by being excluded from certain interpersonal relationships, financial actions, or political roles. Sen contends that this relational deprivation constitutes the core of social exclusion– it is not only a result of material thirst, but more immensely, a poverty of the potential for social assistance. Based on Sen's theory, Metal thoroughly described the various ways social exclusion reveals economic, social access to social options, political and legal, social relationships, and cultural and psychological.

3. Tackling East Asia's Aging Challenge: A Life-Course Approach

3.1 Early Life Stage: Intergenerational Accumulation of Health Capital

The "early existing phase" which lasts from young adulthood to young adulthood, is marked by swift natural growth, cognitive development, and the first cultural bond formation. Mid- and later-age health resources and responsibilities are deeply impacted by the quality of the health capital accumulated during this critical time. Consequently, health capital development is essential for individuals during this period.

With persistently lower fertility rates and people aged at an all-time high, modern East Asian societies are experiencing unheard demographic changes. Early-life health expenditure surpasses personal growth in this environment. It is evident that boosting the country's human capital and promoting healthier aging are prerequisites. As Q. F. Chen and Q. Q. Liu claim, older people's health benefits are influenced by the interplay between wellbeing options and risk factors throughout their lifestyle rather than their unique circumstances as they age [3]. This view is in line with scientific proof that indicates that adverse prenatal settings are physiologically systemic maternal physiological pathways that increase the risk of cardiovascular diseases and diabetes with age [4].

However, some economically impoverished families in East Asia generally do not have uninterrupted access to healthcare from birth until death. This strengthens a dual problem: deteriorating long-term health outcomes and a deteriorating system for older care. Second, health interventions have considerable long-term economic advantages. According to longitudinal randomized controlled trials like the Carolina Abecedarian Project (ABC), disadvantaged children receiving comprehensive early interventions have significantly lower cardiovascular and metabolic risk factors prevalence by the middle of their 30s [5].

Regarding social interactions, East Asia's solid personal unity provides a valuable "relational health net", in which older grief risks are mitigated by multigenerational co-residence. However, the primary intergenerational resource allocation construction, which prioritizes younger individuals over older people, oddly contributes to elderly social isolation and marginalization within these same household institutions.

3.2 Mid-Life Stage: Aging Risk Exposure

Individuals in their late years are confronted with the two obligations associated with aging-associated risks. These include planning for their future in addition to assisting aging parents.

First, middle-aged people are more susceptible to health issues at work. Their potential workforce injury during this period may significantly impact their later-life wellness situation. Also, as social security systems mature in nations like Japan and South Korea, people may become more reliant on state money. Individuals risk being ensnared in poverty and lacking motivation to improve themselves through labor when gains provide an easy life. This party becomes even more vulnerable as a result of growing dependency if poverty measures affect social security guidelines.

As the condition replaces the house as the leading cause of elder support, older children's primary source of income diminishes. However, this move may weaken family bonds. As a result of taking on both maternal and child-rearing duties, people in the middle of living, who serve as the family building's guiding principle, are susceptible to significant shifts in roles and reputation. In the Chinese traditions of East Asia, *xiao* serves as a strong moral necessity. These demographic experiences a more pronounced dual pile of time than their American counterparts, leaving little room for improvement in personal health and longevity in the current cultural constructions.

The *xiao* idea demonstrates a powerful dichotomy. On the one hand, unimportant illegal therapy networks are made possible by their emphasis on filial duty, due to research

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conducted by Larissa Zwar and others. Using information from 41058 US conditions, intrafamilial treatment reduces the risk of dementia in older adults by 19% [6]. On the other hand, *xiao*'s strict regulations for elder care make caretakers more centered on one another and put much pressure on them socially and professionally.

3.3 Later Life Stage: Health Maintenance and Systemic Support Mechanisms

Japan's Act on Stabilization of Employment of Elderly Persons proposes raising the retirement age to 70 [7], scrapping required pensions, and creating continued work methods. In South Korea, the retirement age may increase to 65. A constant retirement age wait program be fully implemented in Mainland China starting January 1, 2025. The legal retirement age for male employees may gradually increase from 60 to 63, while for female workers, it rises from 50 55 to 55 and 58 years old, respectively [8]. According to the Taiwanese Labor Standards Act, there is a retirement age of 65 for ordinary workers, excluding military personnel, civil servants, and teachers [9].

Except for Mainland China, the average retirement age in key eastern regions typically exceeds or meets the UN threshold for defining those 65 or older as the aged. Social networking and significant private conversations are made easier with employment. Additionally, retirees often cut off social connections between their work and those related to them, which could lead to social isolation and lessen social relationships. Hence, paying close attention to facilitating integration for older people after their pension is crucial.

Growing older even raises the possibility of losing a relationship, which is a significant threat to one's mental wellbeing and future success. A long-standing core support technique, which includes both private intimacy and helpful assistance, is frequently destroyed by a relationship loss. Additionally, it leaves a priceless mental hole. Restoring a person's social and emotional foundations following a loss is a more effective renewal than quiet reconstruction. This viewpoint has a powerful impact on contemporary aid for active aging.

3.4 End of Life: End-of-life Dignity through Cultural, Ethical, and Institutional Integration

End-of-life therapy has become a significant priority for governments and society due to the 21st century's faster aging and economic growth in East Asia. About 76 percent of the over 30,000 people who died only at home in Japan in the first quarter of 2024 were older than 65, according to statistics. According to OECD files, 75 percent of societies offer home-based palliative care [10]. End-of-life support for communities has grown tremendously as a result of this pattern. Through Community General Support Centers, Japan coordinates wellness care, longer-term care, safe support, and daily life support [11]. By 2025, the country intends to establish a "30-Minute Community Service Circle" [10, 12], which will help older people make standard adjustments and receive end-of-life care.

However, greatly influenced by *xiao*, East Asian cultures are permeated by tension between parental duty and personal freedom, along with conflicts over emphasizing *xiao* over patients ' personal choices.

Through social community decision-making, everyday *xiao* ethics in Eastern care can frequently override personal freedom. In the Taiwan region, their children frequently invoke *xiao* to override elderly patients ' Advance Directives (ADs), even when they are conscious, according to research. For instance, young people may object to a patient's signed Do Not Resuscitate (DNR) order because they fear being misunderstood. Also, 72 percent of older patients avoid entering contracts to "prevent creating pressure on their children," which goes against a historical assumption that emphasizes self-sacrifice in order to preserve family harmony [13].

Taiwan's Patient Autonomy Act wonderfully transforms *xiao* from a possible obstacle to a facilitator through institutional design [14]. It mandates that Advance Care Planning (ACP) consultations involve family participation, thereby legitimizing the "family conference" as a core decision-making procedure. As Hsiao et al. Emphasize [15], this approach essentially reinterprets the Confucian *xiao* as respect for parental wishes. Chao Ko-shih, a pivotal in establishing Taiwan's Hospice Palliative Care Act, underscores that when the law explicitly states that "implementing ADs constitutes fulfilling the patients' true intents", the filial pressure on children is alleviated. Family members are then "executors" of the victim's wants, more than "decision-makers", reflecting the power of the law to create the philosophical basis of *xiao*.

4. Navigating East Asia's Aging Societies

4.1 Strategies to Enhance Quality of Life

The preceding analysis reveals distinct characteristics of East Asia's demographic aging: rapid progression, lagging supporting systems and infrastructure, and profound influence of traditional ethical-cultural norms like *xiao*. These features interact at material and psychosocial levels, directly generating and exacerbating the region-specific phenomena like "old age bankruptcy" and "longevity risk", thereby amplifying elderly vulnerability. Enhancing the quality of healthy life is thus critical.

4.1.1 The Imperative Shift: Shift from Lifespan to Healthspan

Within East Asia's Confucian tradition, elderly status is intrinsically tied to the family. Yet, declining fertility and familism are systematically dismantling traditional support networks, plunging many elderly into material and psychological impoverishment [16]. Solitary seniors rationing meals or forgoing medical care vividly illustrate Sen's concept of capability deprivation- specifically, "the inability to appear in public without shame"[17]. The phenomenon of Kodokushi (lonely deaths) in Japan and South Korea's status as having the highest elderly suicide rate among OECD member states, according to Figure 1, represent extreme manifestations of this social relational exclusion.

The focus shifts from spreading life to raising healthspan, a time of excellent health and functional independence. Sen's essential poverty is not adequately addressed by enduring years of illness or isolation. Social and plan enhancements that promote active, engaged, and socially integrated aging are necessary for wellbeing. This requires accessible treatment, strong community support, and opportunities for meaningful contribution, enabling the elder to live longer without pity or rejection.

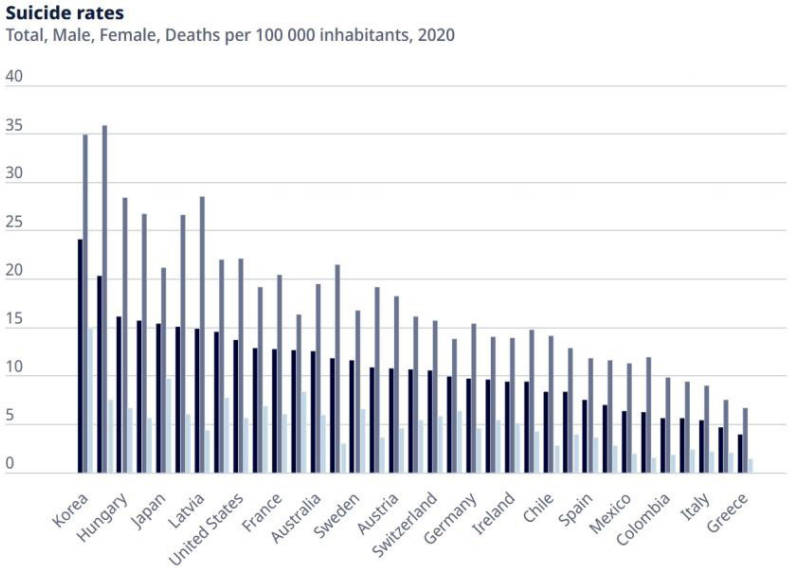

Figure 1. OECD.Stat Suicide Rates Indicator (Data from: https://www.oecd.org/en/data/indicators/suicide-rates.html)

4.1.2 Restructuring Policy Frameworks: Building Capacity from Lifespan to Healthspan

Emphasizing healthspan involves restructuring the foundation of financial freedom, ensuring individuals possess the freedom to pursue wellbeing. To achieve this, a mega-structured income security system that includes similar key distribution, universal health coverage, and long-term care insurance may be established. This program may concentrate on eradicating operational exclusion, which leads to elder poverty and health hardship. The foundation for maintaining the healthspan is only when financial protection enables the development of a good lifestyle and the availability of necessary medical resources.

To create an inclusive health structure, the comprehensive loneliness that Sen. Sen. highlighted may be confronted immediately. Conventional systems that concentrate on disease treatment usually abuse prevention, treatment, and practical maintenance, disproportionately focusing resources on late-stage action, a basic obstacle to opportunities for health promotion. A necessity for transformation is establishing an essential service system that includes the entire life cycle and removing barriers to access to treatment for underprivileged populations.

Health is firmly entrenched in interpersonal ties across cultures. Sen's "relational poverty" process reveals that social incarceration is not only an emotional distance but a powerful health risk. It is important to revive supportive social capital through initiatives like generational change platforms, mutual-aid aged care cooperatives, and deliberate attention networks. Fostering relationships among individuals, families, communities, and governments strengthens historical relationships, providing healthspan with the tenacity to accept the erosions of time.

In the end, the deep-rooted webpage of the Healthspan Revolution is the site's alteration of historic significance. Contemporary societies may encourage individuals, communities, and people to collectively invest in health capital collectively, instilling a tradition of "whole-life-course health responsibility." When health is valued as a fundamental, long-term value rather than a passing natural state, expanding one's healthspan becomes a thoughtful administrative purpose.

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5. Conclusion

Extending healthspan is more than a natural development; it constitutes a purposeful means of economic empowerment, operational inclusivity, social support, and cultural awakening. Only by constantly eradicating the diverse forms of social exclusion that Amartya Sen warned about, eradicating the isolation of aging populations, and creating a pleasant policy environment for an aging civilization, can society get an improved quality of life and dignity over a longer lifespan. The substantial historical expansion of a person's desire for free growth gives rise to healthspan. The key to developing a "resilient and popular" style of a super-older world lies in the Eastern perspective of the great significance of extending healthspan. For this, social networks that promote large pertaining and connection, financial systems that support silver-haired performance, geographic settings that facilitate barrier-free mobility, social ethos affirming dignity and choice throughout life, and social networks that facilitate big belonging and connection are necessary. This style focuses on improving people's fundamental rights and powers throughout life, particularly in recent eras. Through active aging, where durability is accompanied by freedom of choice and strength of involvement, East Asian societies are reimagining and enhancing the old excellence of prosperity and longevity within their unique social context.

Although this research examines multi-dimensional strategies to increase healthy life expectancy, limitations exist, including but not limited to: The document does not detail the unique collaborative mechanisms that connect specific health management, home support networks, and cultural or government policies. Factual case reports must clarify how these three dynamically collaborate to share care responsibilities and optimize resource allocation. Next, the article does not consider how the adoption rate of clever devices, the current divide, and fears about data protection may impair the effectiveness of organized work between individuals and organizations.

In addition to the study presented in this paper and the preceding limitations, future studies should examine issues like the institutionalization of collaborative models, effective integration, and expanding regional cooperation within East Asia. It is believed that by shifting the generation's destination from a contest for years lived towards the conservation of years lived well, East Asia's aging societies can generate with increased dignity, freedom, and warmth.

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