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Intergenerational Communication and Engagement Between Older Adults and Younger Generations in Asia: A Systematic Review

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Research Article

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Abstract

Background: Population ageing has increased the importance of social relationships and engagement for older adults. Intergenerational communication and engagement may strengthen social connectedness and support healthy ageing.

Objective: To systematically review and synthesise evidence on outcomes associated with intergenerational communication and engagement between older adults and younger generations in Asian settings.

Methods: A systematic review was conducted according to PRISMA 2020. Seven electronic databases were searched: PubMed, Scopus, Web of Science, PsycINFO, CINAHL, Embase and ScienceDirect. Eligible English-language quantitative, qualitative or mixed-methods studies examined intergenerational communication or engagement involving older adults and younger generations in Asian settings and were published between January 2020 and June 2026. Eligible studies were narratively synthesised.

Results: Nine studies conducted in China, Taiwan and Singapore were included. Three outcome domains emerged: psychological well-being, social connectedness and healthy ageing. Intergenerational engagement was associated with reduced depressive symptoms and loneliness, enhanced self-esteem and life satisfaction, stronger social relationships, greater social participation and improvements in selected health-related behaviours.

Conclusions: Intergenerational communication and engagement may support psychological well-being, social connectedness and selected dimensions of healthy ageing among older adults in Asian settings. Culturally appropriate approaches may foster inclusive and age-friendly communities. Further longitudinal and well-controlled research is needed.

1. Introduction

1.1 Background

Population ageing is a major demographic transformation with important implications for health, social participation and community development. As populations age, attention has increasingly shifted beyond disease prevention and healthcare provision towards the social and environmental conditions that enable people to maintain well-being and meaningful participation in later life. Healthy ageing encompasses the development and maintenance of functional ability that enables well-being in older age, including the ability to participate in activities and relationships that are meaningful to individuals (World Health Organization [WHO], 2021a).

Social relationships are an important component of health and well-being. Social integration, social support and meaningful interpersonal relationships can influence health through psychological, behavioural and physiological pathways (Cohen, 2004). For older adults, maintaining meaningful social connections may be particularly important because changes in employment, family structure, health status and social networks can reduce opportunities for regular interpersonal interaction.

Social connectedness is therefore an important consideration in healthy ageing. Maintaining meaningful social connections is particularly important in later life, as social isolation and loneliness can adversely affect older adults' health and well-being (World Health Organization [WHO], 2021b). Opportunities to remain socially engaged can support older adults' participation, sense of belonging and well-being. The importance of this social dimension is also reflected in the WHO South-East Asia Regional Strategy on Healthy Ageing 2024–2030, which emphasises multisectoral and community-based approaches to improving health and well-being in later life (WHO Regional Office for South-East Asia, 2025).

1.2 Intergenerational Communication and Engagement

Intergenerational communication and engagement provide potential opportunities to strengthen social connectedness among older adults. Intergenerational engagement encompasses meaningful communication, interaction and participation between people from different generations. It may occur within families, educational institutions, community settings or structured programmes and may involve reciprocal learning, cultural exchange, mentoring, volunteering, shared recreation and other forms of social interaction.

Such engagement may benefit both generations. Older adults may have opportunities to maintain social relationships, share knowledge and experience, and participate in meaningful social roles, while younger people may develop greater understanding of ageing and older adults. Reciprocal interaction may therefore contribute to social inclusion and more positive relationships between generations.

Intergenerational engagement may also address age-related stereotypes. Meaningful contact between generations can create opportunities for younger and older people to interact as active participants rather than viewing ageing through stereotypical assumptions. This reciprocal dimension is particularly relevant to healthy ageing because social participation and meaningful relationships extend beyond conventional health-service interventions.

1.3 Relevance to Asian Settings

The relevance of intergenerational communication and engagement is particularly important in Asia. Asian countries are experiencing substantial population ageing while differing considerably in family structures, cultural practices, social expectations and patterns of intergenerational relationships.

Intergenerational relationships in Asian societies may occur through family networks as well as community, educational and institutional settings. However, demographic change, urbanisation, migration and changing family structures may alter opportunities for regular interaction between generations. These changes create a need to understand how intergenerational communication and engagement may contribute to older adults' well-being within contemporary Asian societies.

The Asian context is also important because evidence generated in Western settings may not be directly transferable to Asian populations. Cultural expectations concerning family relationships, respect for older people, intergenerational roles and community participation may influence how intergenerational programmes are experienced and implemented.

1.4 Existing Evidence

Several recent reviews have examined aspects of intergenerational engagement.

Liu et al. (2024) conducted a mixed-method systematic review of intergenerational engagement involving older adults in Asian long-term care facilities. The review identified evidence of reduced depression and loneliness and improvements in quality of life and interpersonal interaction. However, the review was specifically focused on older adults living in long-term care facilities and included studies published up to June 2023.

Zhou et al. (2024) examined barriers and facilitators influencing older adults' participation in intergenerational physical activity programmes. Although this review provides important evidence concerning intergenerational engagement, its focus was specifically on physical activity rather than the broader range of communication and engagement activities that may contribute to healthy ageing.

More recently, Liu et al. (2026) conducted a scoping review of non-familial intergenerational programmes internationally. The review demonstrated increasing research interest in intergenerational programmes and identified potential benefits for relationships between older and younger participants. However, it was not specifically focused on Asian settings or on the broader range of healthy ageing outcomes among older adults.

1.5 Knowledge Gap and Rationale

Although existing reviews provide valuable evidence, several gaps remain.

First, previous reviews have often focused on specific contexts, particularly long-term care facilities, or specific activities such as physical activity. Second, evidence concerning intergenerational communication and engagement encompasses a broader range of interactions, including family-based communication, educational activities, community programmes and structured intergenerational initiatives. Third, the relationship between these interactions and broader healthy ageing outcomes remains insufficiently synthesised within Asian settings.

A contemporary synthesis is therefore warranted to examine how intergenerational communication and engagement relate to psychological well-being, social connectedness and healthy ageing among older adults across Asian settings.

The present systematic review addresses this gap by synthesising empirical evidence published between January 2020 and June 2026. The review considers evidence from diverse Asian contexts and different forms of intergenerational communication and engagement.

1.6 Review Objective

To systematically review and synthesise evidence on outcomes associated with intergenerational communication and engagement between older adults and younger generations in Asian settings.

1.7 Review Question

What outcomes are associated with intergenerational communication and engagement between older adults and younger generations in Asian settings?

2. Methods

2.1 Review design

A systematic review was conducted to identify and synthesise empirical evidence on intergenerational communication and engagement between older adults and younger generations in Asian settings. The review was reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement (Page et al., 2021).

Quantitative, qualitative and mixed-methods studies were considered to capture the breadth of evidence concerning psychological, social and healthy ageing outcomes. Given the anticipated heterogeneity in study designs, forms of intergenerational communication and engagement, and outcome measures, findings were synthesised narratively.

2.2 Eligibility criteria

Studies were eligible if they involved older adults and younger people from different generations; examined intergenerational communication, interaction or engagement; were conducted in an Asian country or setting; and reported outcomes relevant to psychological well-being, social connectedness, social participation, quality of life or healthy ageing. Quantitative, qualitative and mixed-methods studies published in English between 1 January 2020 and 30 June 2026 were eligible for inclusion.

Studies were excluded if they did not involve direct intergenerational communication, interaction or engagement; did not include older adults; were conducted outside Asia; or did not report outcomes relevant to the review question. Systematic, scoping or narrative reviews, editorials, commentaries, opinion papers and conference abstracts without a full research article were also excluded. Studies published in languages other than English were excluded.

2.3 Information sources and search strategy

A systematic search of seven electronic databases was conducted: PubMed, Scopus, Web of Science, PsycINFO, CINAHL, Embase and ScienceDirect. The search strategy combined terms relating to older adults, younger generations, intergenerational communication and engagement, and healthy ageing, together with terms identifying Asian settings. Boolean operators (AND/OR) were used, and the strategy was adapted to each database. Searches were limited to English-language studies published between January 2020 and June 2026.

2.4 Study selection

Records retrieved from the databases were screened against the predefined eligibility criteria. After removal of duplicates, titles and abstracts were screened, followed by full-text assessment of potentially eligible reports. Reports that did not meet the eligibility criteria were excluded with reasons recorded. The study-selection process is presented in the PRISMA 2020 flow diagram (Fig. 1).

2.5 Data extraction

The first author conducted the primary data extraction, and the second author reviewed the extracted data for completeness and consistency. Any discrepancies were resolved through discussion and consensus. Extracted information included author and year of publication, country and study setting, study design, characteristics and number of older-adult and younger participants, type and nature of intergenerational communication or engagement, duration and frequency of engagement where reported, outcome measures, principal findings and implications relevant to healthy ageing. Where studies included both older and younger participants, findings for each generation were considered separately to determine their relevance to the review question.

2.6 Quality appraisal

The methodological quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT), version 2018. Studies were appraised according to their methodological design using the MMAT criteria applicable to qualitative, quantitative randomised, quantitative non-randomised and mixed-methods studies. The appraisal considered methodological rigour and potential sources of bias relevant to each study design. Where insufficient information was available to determine whether a criterion was met, the judgement was recorded as ‘Can't tell’ rather than assuming that the criterion had been satisfied. The results of the quality appraisal are presented in Section 3.7.

2.7 Data synthesis

Because the included studies differed in design, participant characteristics, forms of intergenerational communication and engagement, and outcome measures, findings were synthesised narratively. The synthesis was organised into three overarching domains: psychological well-being, social connectedness and healthy ageing.

Psychological well-being included outcomes such as depressive symptoms, loneliness and self-esteem. Social connectedness included interpersonal relationships, mutual respect, age-related perceptions and community participation. Healthy ageing included quality of life, emotional resilience, social participation and positive attitudes towards ageing.

Findings were compared across studies to identify common patterns, differences and implications for healthy ageing among older adults in Asian settings.

3. Results

3.1 Study selection

The database search identified 2,356 records across seven electronic databases. Following removal of 576 duplicate records, 1,780 records remained for title and abstract screening, of which 1,678 were excluded. A total of 102 reports were sought for retrieval, of which three could not be retrieved. The remaining 99 reports were assessed for eligibility. Following full-text assessment, 90 reports were excluded for wrong population (n = 25), being conducted outside Asia (n = 21), wrong outcomes (n = 18), review articles (n = 11), conference abstracts (n = 7), and non-English language (n = 8). Nine studies met the predefined eligibility criteria and were included in the final qualitative synthesis. The study-selection process is presented in the PRISMA 2020 flow diagram (Fig. 1).

3.2 Characteristics of the included studies

Nine studies met the predefined eligibility criteria. The studies were conducted in China, Taiwan and Singapore, encompassing community-dwelling older adults, older adults attending day-care or senior activity centres, older patients receiving community-based care, and older adults with chronic health conditions.

The studies employed diverse methodological approaches, including randomised controlled trials, non-randomised intervention studies, longitudinal intervention research, qualitative studies and mixed-methods research. The characteristics of the included studies are summarised in Table 1.

Table 1
Characteristics of included studies examining intergenerational communication and engagement between older adults and younger generations in Asia

Study	Country	Study design	Older-adult sample	Younger generation	Intergenerational communication/ engagement	Duration	Main outcomes	Key findings
Yu et al. (2020)	Taiwan	Longitudinal intervention study	*n* = 97; mean age 65.3 years; adults ≥ 55 years with type 2 diabetes mellitus	College student tutors	Intergenerational Mobile Technology Opportunities Program (IMTOP), combining technology training and diabetes self-management support	8-week training + 4-week technical support; outcomes followed to 8 months	Self-care behaviours, diabetes symptoms, clinical outcomes, healthcare utilisation and costs	Improvements were observed in diet, exercise, smoking and blood-glucose testing; fewer endocrinology visits and lower medication costs were also reported.
Ng et al. (2020)	Singapore	Descriptive and pre-test/post-test intervention study	116 patients participated in the programme; 51 completed the patient feedback survey	226 healthcare undergraduates and 359 secondary-school students	Tri-Generational HomeCare (TriGen), involving fortnightly home visits, companionship and holistic support	6 months; fortnightly visits	Hospital admissions, emergency-department visits, loneliness, happiness, satisfaction; student attitudes and soft skills	Hospital admissions and emergency-department visits decreased in the before-and-after comparison; more than 80% of feedback respondents reported feeling less lonely and happier.
Ho et al. (2021)	Singapore	Mixed-methods study: waitlist randomised controlled trial and qualitative component	*n* = 34 older adults in the final analysed sample; aged 60–83 years	*n* = 34 youth; aged 19–29 years	Project ARTISAN, involving storytelling, museum activities, collaborative art-making and reflective writing	5 weeks; 15 hours	Loneliness, social connectedness, resilience, quality of life, life satisfaction, social support and qualitative experiences	Life satisfaction improved compared with the waitlist control. Follow-up findings indicated increased resilience and reduced loneliness, while qualitative findings supported intergenerational dialogue and understanding.
Leong et al. (2022)	Singapore	Descriptive qualitative study	*n* = 15; aged 68–94 years	20 secondary-school students; aged 13–16 years	Student-led creative and social activities, including singing, arts and crafts, games and performances	4 weeks; weekly; 90 min/session	Memory, physical strength, emotional responses, social interaction and perceptions of younger people	Participants described companionship, mutual care, trust and affection, together with opportunities for active participation, sharing and learning.
Wang (2023)	China	Randomised controlled trial	*n* = 38; intervention *n* = 20, control *n* = 18; aged 58–91 years	40 nursery children; aged 4–5 years	One-to-one fictive-kinship interaction involving educational activities, games, art and children's performances	6 weeks; 5 days/week; 20 min/session	Physical health, depression, self-efficacy, self-esteem, negative affect and flourishing	Depression decreased, while self-efficacy and flourishing increased among older adults receiving the additional one-to-one intergenerational interaction.
Wu et al. (2023)	Singapore	Qualitative inquiry	*n* = 20; aged 62–83 years	*n* = 10 undergraduate student dance instructors; aged 20–22 years	Community Dance Programme involving student-led dance instruction and intergenerational interaction	8 weeks	Physical, cognitive and psychosocial well-being, memory, mood, social interaction and intergenerational bonding	Participants perceived benefits for memory, physical well-being, mood and social interaction and described the development of

Note. T2DM = type 2 diabetes mellitus. Where information was not available, it is reported as not reported rather than inferred.

Study	Country	Study design	Older-adult sample	Younger generation	Intergenerational communication/ engagement	Duration	Main outcomes	Key findings
								intergenerational bonds.
Tseng et al. (2025)	Taiwan	Pre-test/post-test intervention study	*n* = 172 adult day-centre participants	Younger-generation participants involved in intergenerational service-learning	Design-Thinking Intergenerational Service-Learning Model addressing chronic-disease management and self-care	Not reported	Self-care behaviours, happiness, depression and perceived social support	Self-care behaviours and perceived social support improved, while depression decreased after the programme.
Cheng et al. (2026)	Singapore	Qualitative descriptive study	*n* = 15 older adults	*n* = 14 young adults; aged 21–35 years	Intergenerational programmes involving befriending, exercise/health, digital and shared-interest activities	Varied; one-off and repeated participation	Perceptions, relationships, facilitators and barriers	Respectful interaction was valued. Language, interpersonal characteristics, programme structure and shared responsibility influenced intergenerational relationships.
Wu et al. (2026)	China	Cluster randomised controlled trial	Community-dwelling healthy older adults; sample size not reported	College students	"Be My Mentor" (BMM) generativity intervention. Older adults participated as mentors and engaged in generativity-based activities with college students; the control group participated in conventional intergenerational interactions	Three weekly intergenerational interactions	Pleasure, arousal, generativity, subjective well-being, depression and self-esteem	After the intervention, subjective well-being was significantly higher in the intervention group than in the control group ($p = .004$). Within the intervention group, pleasure, arousal, generativity, self-esteem and subjective well-being significantly improved from pre- to post-intervention ($p < .05$).

Note. T2DM = type 2 diabetes mellitus. Where information was not available, it is reported as not reported rather than inferred.

3.3 Types of intergenerational communication and engagement

The included studies demonstrated considerable diversity in the ways older adults and younger generations interacted.

Structured educational and recreational engagement

Several studies used structured activities involving storytelling, arts, dance, technology support, mentoring, home visits or health-related learning. In Singapore, Project ARTISAN combined storytelling, museum engagement, creative art-making and reflective activities to facilitate interaction between young adults and older adults (Ho et al., 2021). The community dance programme similarly combined physical activity with intergenerational interaction (Wu et al., 2023). In China, one-to-one interactions between older adults and young children incorporated educational activities, games, art and performance-based activities (Wang, 2023).

Community-based engagement

Community settings provided opportunities for repeated interaction between generations. The Tri-Generational HomeCare programme involved fortnightly home visits by healthcare undergraduates and secondary-school students, providing companionship and support to older patients (Ng et al., 2020). In Taiwan, the Design-Thinking Intergenerational Service-Learning Model connected younger participants with older adults attending day centres through health-related service-learning activities (Tseng et al., 2025).

Technology-supported engagement

Yu et al. (2020) demonstrated intergenerational engagement through technology-supported health learning, in which college students supported older adults with type 2 diabetes in using mobile technology and a diabetes self-management application.

Reciprocal mentoring and learning

The studies also demonstrated that intergenerational engagement could be reciprocal. In the “Be My Mentor” intervention, older adults assumed mentor roles with college students through generativity-based activities (Wu et al., 2026). Similarly, older adults in the Singapore qualitative study described sharing life experiences and advice with younger participants while also learning from them (Leong et al., 2022).

3.4 Psychological well-being

Psychological well-being was one of the most consistently examined outcome domains. Several intervention studies reported improvements in depression, loneliness, subjective well-being, life satisfaction, resilience or related psychological outcomes.

Ho et al. (2021) reported improved life satisfaction and increased resilience, together with reduced loneliness, following Project ARTISAN. Wang (2023) reported improvements in physical health and psychological well-being following repeated one-to-one interaction between older adults and nursery children. The “Be My Mentor” intervention was associated with improved subjective well-being and within-group improvements in pleasure, arousal, generativity and self-esteem (Wu et al., 2026).

Evidence from other Asian settings also supported potential psychological benefits. The TriGen home-visit programme found that more than 80% of older adults who completed feedback reported feeling less lonely and happier (Ng et al., 2020). Qualitative evidence from Singapore further indicated positive emotional experiences, including companionship, satisfaction, confidence and anticipation of future interactions with younger participants (Leong et al., 2022).

Overall, the findings suggest that intergenerational engagement may support psychological well-being through companionship, meaningful interaction, reciprocal learning and opportunities for social participation. However, differences in intervention content, duration, participant characteristics and outcome measures limit direct comparison across studies.

3.5 Social connectedness

Social connectedness represented another prominent outcome domain. The qualitative evidence particularly highlighted companionship, communication, mutual respect, reciprocal learning and the development of positive relationships between older adults and younger people.

Leong et al. (2022) found that older adults described relationships characterised by companionship, mutual care, trust and affection. Participants also described opportunities for two-way communication, sharing life experiences and learning between generations. Project ARTISAN similarly demonstrated the potential of structured storytelling and creative activities to facilitate intergenerational dialogue, mutual understanding and respect (Ho et al., 2021).

The TriGen programme provided sustained contact through fortnightly home visits. Feedback from older participants indicated reduced loneliness and increased happiness, while the programme also supported intergenerational bonding (Ng et al., 2020). The community dance programme demonstrated how physical activity could function as a vehicle for intergenerational interaction, with participants reporting social interaction and intergenerational bonding alongside physical and psychosocial benefits (Wu et al., 2023).

The 2026 Singapore qualitative study further highlighted that the quality of interaction was influenced by language, interpersonal characteristics, programme design and the extent to which responsibility for bridging the generational gap was shared between participants (Cheng et al., 2026).

Taken together, these findings suggest that the value of intergenerational engagement extends beyond participation in activities. The quality, reciprocity and continuity of interaction appear to be important characteristics of meaningful intergenerational relationships.

3.6 Healthy ageing outcomes

Evidence concerning broader healthy ageing outcomes was more heterogeneous. Several studies reported improvements in outcomes relevant to healthy ageing, including physical health, self-care, psychological well-being, social participation and health-related behaviours.

The Intergenerational Mobile Technology Opportunities Program in Taiwan demonstrated that intergenerational technology support could facilitate health-related self-management among older adults with type 2 diabetes. Improvements were observed in several self-care behaviours, including diet, exercise, smoking and blood-glucose testing (Yu et al., 2020).

The Tri-Generational HomeCare programme in Singapore demonstrated potential health-service benefits, including reductions in hospital admissions and emergency-department visits following the six-month intervention period. Older participants also reported improvements in happiness and loneliness (Ng et al., 2020).

The Taiwan Design-Thinking Intergenerational Service-Learning Model reported improved perceived self-care behaviours, reduced depression and improved perceived social support among 172 older adults (Tseng et al., 2025). The community dance programme in Singapore provided evidence concerning physical, cognitive and psychosocial well-being, with participants describing improvements in memory, physical health, mood and social interaction (Wu et al., 2023).

The evidence was not uniformly positive across all outcomes. For example, Ho et al. (2021) reported improvements in life satisfaction and resilience but did not establish consistent improvements across all measured outcomes. Similarly, the evidence from the included studies does not demonstrate that intergenerational engagement consistently improves every dimension of healthy ageing.

Overall, the findings suggest that intergenerational engagement may contribute to selected dimensions of healthy ageing, particularly psychological well-being, social participation and health-related self-management, rather than producing a uniform effect across all healthy-ageing outcomes.

3.7 Quality appraisal of included studies

The methodological quality of the nine included studies was assessed using the Mixed Methods Appraisal Tool (MMAT), version 2018. Each study was assessed according to its methodological design, using the criteria applicable to qualitative, quantitative randomised, quantitative non-randomised and mixed-methods studies. The study-level appraisal findings are presented in Table 2.

Overall, the appraisal demonstrated variation in methodological rigour and reporting across the included studies. The qualitative studies generally demonstrated appropriate alignment between the research questions, data collection and qualitative analysis, although information concerning researcher influence was not consistently sufficient to permit a definitive judgement. The randomised controlled studies demonstrated appropriate controlled intervention designs and generally complete reporting of outcomes, although allocation procedures and blinding were not consistently reported in sufficient detail.

The non-randomised intervention studies generally used appropriate outcome measures and reported changes following intergenerational engagement. However, representativeness of participants and control of potential confounding were less consistently established. These limitations are important when interpreting associations between intergenerational engagement and healthy ageing outcomes because improvements cannot always be attributed solely to the intervention.

Where the published report did not provide adequate information to determine whether a criterion was satisfied, the judgement was recorded as “Can't tell” rather than assuming that the criterion had been met. The methodological limitations identified during appraisal were considered when interpreting the findings and formulating the conclusions of the review.

Table 2
Methodological quality appraisal of the included studies using MMAT 2018

Study	MMAT design	S1	S2	MMAT criteria assessed	Judgements
Yu et al. (2020)	Quantitative non-randomised	Y	Y	3.1–3.5	CT, Y, Y, N, Y
Ng et al. (2020)	Quantitative non-randomised	Y	Y	3.1–3.5	N, Y, CT, N, Y
Ho et al. (2021)	Mixed methods	Y	Y	5.1–5.5	Y, Y, Y, Y, Y
Leong et al. (2022)	Qualitative	Y	Y	1.1–1.5	Y, Y, Y, Y, Y
Wang (2023)	Quantitative randomised	Y	Y	2.1–2.5	Y, Y, Y, CT, Y
Wu et al. (2023)	Qualitative	Y	Y	1.1–1.5	Y, Y, Y, Y, Y
Tseng et al. (2025)	Quantitative non-randomised	Y	Y	3.1–3.5	CT, Y, Y, N, Y
Cheng et al. (2026)	Qualitative	Y	Y	1.1–1.5	Y, Y, Y, Y, Y
Wu et al. (2026)	Quantitative randomised	Y	Y	2.1–2.5	Y, Y, Y, CT, Y

Note. S1 and S2 are the two MMAT screening questions. For each study, the five subsequent judgements correspond to the MMAT criteria applicable to its methodological design: 1.1–1.5 for qualitative studies, 2.1–2.5 for quantitative randomised studies, 3.1–3.5 for quantitative non-randomised studies, and 5.1–5.5 for mixed-methods studies. For Ho et al. (2021), MMAT mixed-methods criteria 5.1–5.5 were assessed separately. Y = Yes; N = No; CT = Can't tell. MMAT judgements were reported individually and were not converted into a numerical quality score.

4. Discussion

This systematic review synthesised evidence published between January 2020 and June 2026 on intergenerational communication and engagement between older adults and younger generations in Asian settings. Nine studies were included in the final qualitative synthesis. Overall, the findings suggest that intergenerational engagement may contribute to healthy ageing through three interconnected domains: psychological well-being, social connectedness and selected health and social outcomes. Across the included studies, reported benefits included reductions in depressive symptoms and loneliness, improved self-esteem and life satisfaction, stronger social relationships, greater social participation and improvements in selected health-related behaviours.

4.1 Intergenerational communication and psychological well-being

The findings suggest that meaningful interaction with younger generations may support psychological well-being among older adults. Several included studies reported reductions in depressive symptoms and loneliness, while others identified improvements in self-esteem, life satisfaction, resilience and subjective well-being. For example, Project ARTISAN in Singapore used a five-week intergenerational storytelling, arts and heritage programme and reported improvements in life satisfaction, with findings also indicating benefits for loneliness and resilience.

Similarly, intergenerational programmes involving preschool children, younger adults and university students reported improvements in psychological outcomes among older participants. The findings suggest that repeated interaction may provide opportunities for companionship, emotional support, reciprocal learning and meaningful social participation.

These findings are consistent with broader evidence that social integration and social relationships are associated with health and well-being (Cohen, 2004). Intergenerational programmes may provide an additional pathway for maintaining meaningful relationships, particularly for older adults whose opportunities for social interaction may become reduced because of changes in health, social networks or daily roles.

The findings also extend previous evidence from Asian long-term-care settings. Liu et al. (2024) reported reductions in depression and loneliness and improvements in quality of life and interpersonal interaction among older adults participating in intergenerational programmes in Asian long-term-care facilities. The present review extends this evidence by considering a broader range of settings and forms of engagement, including community activities, educational programmes, technology-supported interaction, home visits, arts, physical activity and mentoring.

However, the psychological benefits should be interpreted cautiously. The included studies differed in intervention content, duration, participant characteristics and outcome measures. Therefore, the evidence supports a potential contribution of intergenerational engagement to psychological well-being rather than a consistent causal effect across all programmes.

4.2 Intergenerational engagement and social connectedness

Social connectedness emerged as an important dimension of the reviewed evidence. The included studies described opportunities for companionship, communication, mutual respect, reciprocal learning and the development of positive relationships between older adults and younger people.

The reciprocal nature of intergenerational engagement is particularly important. Activities such as storytelling, arts, dance, education, technology support and mentoring can position older adults as active contributors rather than passive recipients of support. The Singapore community dance study, for example, reported perceived improvements in social interaction and the development of intergenerational bonds between older adults and undergraduate student instructors.

The evidence also indicates that meaningful interaction may help address negative perceptions of ageing. Intergenerational programmes create opportunities for younger people to encounter older adults in active social roles while allowing older adults to interact with younger generations outside conventional family relationships.

The recent Singapore qualitative study provides further support for this interpretation. Cheng et al. (2026) found that intergenerational relationships were influenced by language, interpersonal characteristics, cultural factors and the extent to which responsibility for bridging the generational gap was shared between participants. The authors emphasised the importance of equal status, cooperation and culturally sensitive programme design.

These findings suggest that intergenerational contact alone may not be sufficient. Meaningful engagement appears to depend on the quality, reciprocity and structure of interactions. This is consistent with the broader literature emphasising the importance of social connection and participation in healthy ageing (Cohen, 2004; WHO, 2021b).

4.3 Intergenerational engagement and healthy ageing

The review identified several outcomes relevant to healthy ageing, including quality of life, emotional resilience, social participation, self-care and health-related behaviours. However, the findings were not uniform across all outcomes.

The interventions varied considerably. The Intergenerational Mobile Technology Opportunities Program in Taiwan, for example, connected college students with older adults with type 2 diabetes to support technology use and diabetes self-management. Improvements were reported in several self-care behaviours, including diet, exercise, smoking and blood-glucose testing.

Similarly, the Design-Thinking Intergenerational Service-Learning Model in Taiwan involved older adults attending adult day centres and reported improvements in perceived self-care behaviours, depression and perceived social support following the intervention. These findings indicate that intergenerational engagement can extend beyond social interaction and may be incorporated into health-promotion and self-management activities.

The Tri-Generational HomeCare programme in Singapore provides another example of a health-oriented intergenerational model. The programme involved repeated home visits by younger participants and reported improvements in outcomes including loneliness and happiness among older participants.

Taken together, these findings support a multidimensional understanding of healthy ageing. Intergenerational engagement may contribute not only to psychological well-being but also to social participation and selected health-related behaviours.

Nevertheless, the evidence does not establish that intergenerational engagement consistently improves all dimensions of healthy ageing. Differences in intervention characteristics, study design and outcome measurement limit direct comparison. For example, improvements in psychological outcomes were not necessarily accompanied by improvements in cognitive function or quality of life in every study. Accordingly, the findings should be interpreted as evidence of potential benefits across several domains rather than evidence of a uniform intervention effect.

4.4 Relevance to Asian contexts

A key contribution of this review is its focus on intergenerational communication and engagement within Asian settings. The nine included studies were conducted in China, Taiwan and Singapore, providing evidence from different social and cultural contexts within East and Southeast Asia. However, the geographical distribution of the evidence indicates an important limitation: the available evidence cannot be considered representative of Asia as a whole.

Intergenerational relationships in Asian societies are shaped by cultural expectations concerning family roles, filial responsibility, respect for older adults, social participation and communication between generations. Consequently, findings from one Asian setting should not necessarily be assumed to be directly transferable to another. Intergenerational programmes should therefore be culturally responsive and adapted to local family structures, languages, social norms and community resources.

An important finding across the included studies is that meaningful intergenerational engagement involves more than bringing older adults and younger people together. Programmes incorporating shared activities, reciprocal learning, storytelling, creative activities, physical activity, technology support or mentoring provided opportunities for participants from both generations to contribute and interact meaningfully. This suggests that reciprocity, sustained interaction and shared purpose may be important features of meaningful intergenerational programmes.

The concentration of evidence in China, Taiwan and Singapore also highlights a significant research gap across other parts of Asia. There is limited evidence from South Asia, Central Asia, West Asia and several other Southeast Asian countries within the English-language evidence base examined in this review. Future research should therefore examine whether the observed benefits are consistent across different cultural, socioeconomic and health-system contexts.

The Asian context is particularly important because rapid population ageing is occurring alongside substantial demographic, social and economic change across the region. Intergenerational programmes may offer one approach to strengthening social participation and connections between generations, but their development should be grounded in the experiences and priorities of local communities rather than based solely on models developed elsewhere.

Overall, the findings suggest that intergenerational engagement has potential relevance to healthy ageing in Asian communities, but its effectiveness and acceptability are likely to be context dependent. Future research should move beyond demonstrating whether intergenerational programmes are beneficial and examine which programme components work, for whom, in what Asian contexts, and through which mechanisms.

4.5 Implications for practice

The findings have implications for healthcare professionals, community organisations, educational institutions and organisations involved in healthy-ageing initiatives. Healthcare and community services could consider intergenerational engagement as part of broader healthy-ageing strategies. Such programmes may provide opportunities for older adults to maintain social relationships, participate in meaningful activities and contribute to community life.

Educational institutions may provide an important platform for intergenerational engagement. Schools and universities can facilitate structured activities between students and older adults through storytelling, technology support, arts, physical activity, health education and mentoring. Such programmes may provide reciprocal benefits by supporting older adults' social participation while helping younger people develop more positive perceptions of ageing.

At the community level, intergenerational programmes could be incorporated into age-friendly initiatives. Programme design should prioritise meaningful participation, reciprocity and sustained interaction, rather than positioning older adults solely as recipients of services.

4.6 Implications for policy

At the policy level, intergenerational engagement may be considered as one component of broader healthy-ageing and social-inclusion strategies. This approach is consistent with the WHO South-East Asia Regional Strategy on Healthy Ageing 2024–2030, which emphasises community engagement, multisectoral collaboration and age-friendly environments as components of regional healthy-ageing action.

Intergenerational initiatives may complement these strategies by creating opportunities for older adults to remain socially connected, participate in community life and contribute across generations.

However, policy development should recognise the substantial diversity of Asian societies. Programmes should therefore be culturally responsive, locally adaptable and developed with meaningful participation from older adults and younger people. Evidence from Singapore also indicates that authentic intergenerational relationships require attention to cultural sensitivity, equal status and shared responsibility between generations.

5. Conclusion

This systematic review indicates that intergenerational communication and engagement may support psychological well-being, social connectedness and selected dimensions of healthy ageing among older adults in Asian settings. Across the nine included studies, meaningful intergenerational activities were associated with improvements in psychological outcomes, social relationships, participation and selected health-related behaviours. However, the evidence was heterogeneous in study design, intervention characteristics and outcome measures, and the available evidence was concentrated in China, Taiwan and Singapore. Intergenerational programmes should therefore be culturally responsive, reciprocal and adapted to local contexts. Further longitudinal and well-controlled studies across a wider range of Asian countries are needed to establish the sustainability, mechanisms and contextual conditions underlying these potential benefits.

Declarations

Author Contribution

SLK conceived and designed the review, developed the review protocol, led the literature search, study selection, data extraction, quality appraisal and synthesis, and was primarily responsible for drafting and revising the manuscript. LKL contributed to the literature search, data interpretation and critical revision of the manuscript. Both authors approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

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Figures

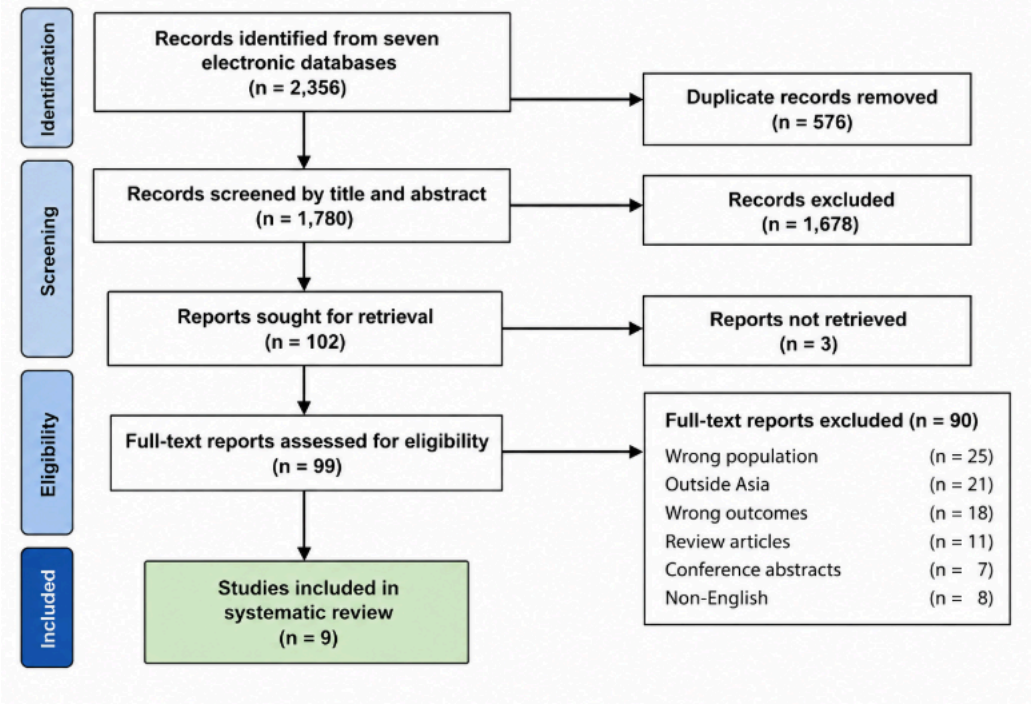


Figure 1

PRISMA 2020 flow diagram of the study selection