



Addressing Health Challenges of Goa's Ageing Population

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Goa's population is estimated at approximately 16.01 lakh, with nearly 50 per cent belonging to the young age group of 15 to 44 years. However, about 11 per cent of the population is above the age of 60, reflecting a clear ageing trend. This shift is attributed to declining fertility rates and an increase in life expectancy, which currently stands at around 70 years.

With this demographic change, Goa's health, social and welfare systems must be redefined to adequately address the needs of the elderly population. The state has a sex ratio of 101.391 males for every 100 females, with 38 per cent of the population residing in rural areas and 62 per cent in urban regions. As Goa continues on the path of urbanisation and development, governance must increasingly focus on the welfare and rights of senior citizens.

Elderly care requires a comprehensive approach that includes physical and psychological care, geriatric clinics, day care centres and community-based support systems. A significant step in this direction was taken in 2023 when Goa Medical College established a dedicated Department of Geriatric Medicine under Dr Edwin Gomes, appointed as Professor and Head. The department was created with a separate ward and staff. In January 2023, the National Medical Council recognised two postgraduate MD seats in Geriatric Medicine following an assessment.

There is a need to extend such facilities to district hospitals, sub-district centres, community centres and peripheral health institutions. The establishment of day care and recreation centres for senior citizens in every panchayat and town would contribute to graceful, meaningful, peaceful and healthy ageing.

An effective community model exists in Porvorim, Bardez, where the Jyeshth Nagarik Manch conducts a weekly clinic on Sundays at Nana Nani Park. Conceptualised by Dr Narayan Hede along with Mr Lotlikar, Mr Avinash Sonavane, Mr Prakash Naik, Mr Gajanan Kesarkar, Ms S Naik and others, the initiative provides medical consultations, yoga classes and health-related talks for senior citizens. This model has been recognised as worth emulating across Goa.

Another noteworthy example is from Bandra, Mumbai, where Dr Armida Fernandes, former Dean and former Professor and Head of the Neonatology Department at Lokmanya Tilak Memorial Medical College, Sion, runs a non-governmental

organisation. The NGO, supported by doctors, nurses, counsellors, social workers and physiotherapists, offers outpatient services and home-based palliative care for terminally ill patients suffering from cancer, stroke, dementia, Alzheimer's disease, heart disease, kidney disease and liver disease. This model is also considered suitable for adoption in Goa.

With improved control of infectious diseases, current medical challenges among the elderly largely stem from lifestyle-related illnesses such as diabetes, hypertension, heart disease, stroke, depression, anxiety, dementia, cancers and other chronic conditions. These medical issues are often compounded by loneliness, depression and boredom.

Common age-related health concerns include ischemic heart disease, hypertension, aortic dilatation, aneurysms, diabetes and its complications, brain atrophy, osteoporosis, fractures, falls, osteoarthritis, obesity, muscle loss, cataracts, hearing impairment, skin changes, reduced immunity and increased susceptibility to infections. Cancers commonly seen in elderly males include those of the prostate, lungs, gastrointestinal tract, oral cavity, oesophagus and liver, while females commonly face cancers of the breast, endometrium, ovaries and cervix. Chronic conditions such as COPD, liver cirrhosis and chronic kidney disease are also prevalent.

Long-term exposure to pollution, chemicals, pesticides, heavy metals, radiation, smoke, alcohol and unhealthy lifestyles, including poor diet, physical inactivity, stress and inadequate sleep, have cumulative effects on health. Malnutrition, accidents, falls and fractures further add to the burden.

Beyond medical concerns, the elderly face social, economic and legal challenges. Quality of life can be improved through support systems, including assistance with computer and mobile use. The author recounts an interaction at Dabolim Airport where young individuals helped elderly travellers, expressing awareness that they too would age someday. Such attitudes, it is suggested, should be inculcated among the younger generation.

Caregivers, who often experience stress due to the demanding and emotionally challenging nature of their work, also require support. In addition to geriatric doctors, wards, clinics, daycare centres, recreation centres and palliative care facilities, there is a need for separate queues for senior citizens in outpatient departments. Volunteers, such as those from Matruchaya, provide valuable services at Goa Medical College and other hospitals. Expansion of home nursing training centres is also necessary.

The breakdown of joint family systems and the rise of nuclear families have made elderly care more challenging. Legal aid for will execution and affordable advisory services are important. Senior citizen identity cards issued by the Social Welfare Department and separate queues at hospitals, airports and polling booths are helpful measures.

Mental engagement through hobbies, learning new skills, yoga, meditation, prayer, social interaction and maintaining relationships is essential. Studies, including a long-term Harvard study, highlight that positive relationships are key contributors to

happiness. Insights from global Blue Zones emphasise the benefits of healthy diets, physical activity, calm lifestyles and strong family bonds.

Caring for the elderly is a shared moral responsibility of families, society, NGOs, government bodies and other stakeholders. As longevity increases, the focus must remain on ensuring that ageing is graceful, healthy, happy, safe and dignified.

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