

## HEALTH AS A FOREMOST RIGHT OF INDIVIDUAL

**AUTHOR** – LAKSHYA SIDDHESHWAR PANDEY, STUDENT AT AMITY INSTITUTE OF ADVANCED LEGAL STUDIES,  
AMITY UNIVERSITY NOIDA

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### Abstract

Human rights and mental health have a complex and reciprocal relationship. In line with the WHO Quality Rights Initiative and the UN Convention on the Rights of Persons with Disabilities, international mental health advocacy initiatives have concentrated on promoting human rights within mental health care. A person's mental health is vital to their overall wellbeing and has to be protected. Access to suitable mental health care services should be guaranteed when needed.

**Key Words:** Mental Health, Human Right, WHO.

### 1 Introduction

Health is a foremost and important fundamental right of individuals all the rights need to be secured and protected as when the health being physical or mental is good in condition then only one can enjoy all the fundamental rights. The saying **“health is wealth”** highlights the fundamental role of good health in leading a successful and fulfilling life. True wealth is not merely financial prosperity but also the ability to live a productive and meaningful life, which is only possible with sound health. Without good health, even the greatest riches lose their value, as one may not be able to enjoy them or perform daily activities effectively.

Maintaining good health enables individuals to work efficiently, pursue education, and contribute to personal and societal growth. A healthy body and mind foster concentration, creativity, and productivity, making it easier to achieve goals in various aspects of life. Conversely, poor health can hinder progress, limiting one's ability to work, learn, and support others.

Therefore, prioritising health through proper nutrition, regular exercise, and mental well-being is essential. When health is well-managed, individuals can maximise their

potential, achieve success, and enjoy the true wealth of a balanced and fulfilling life.

*“Take care of your body, as it is the only place you have to live.” – Jim Rohn.* This quote underscores the fundamental importance of health and well-being. Just as a well-maintained home provides comfort and security, a healthy body ensures a fulfilling and productive life. Prioritising physical and mental well-being through proper nutrition, regular exercise, and self-care is essential for long-term success and happiness. Without good health, even the greatest achievements lose their value.

Good health is a fundamental right that every individual deserves to live a dignified, productive, and fulfilling life. Regardless of socio-economic background, race, or nationality, everyone should have access to quality healthcare, clean water, nutritious food, and a safe environment. The **World Health Organisation (WHO)** affirms that health is not a privilege but a necessity for overall social and economic progress<sup>1374</sup>.

Governments and policymakers play a crucial role in ensuring fair access to healthcare, eliminating discrimination in medical services,

<sup>1374</sup> World Health Org., Mental Health: Strengthening Our Response (June 17, 2022), <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

and promoting public health initiatives. A well-functioning healthcare system benefits individuals and strengthens communities by driving economic growth, reducing poverty, and improving overall well-being.

Recognising health as a fundamental right requires a collective commitment, including investments in healthcare infrastructure, preventive care awareness, and policies addressing health inequalities. A society that prioritises health lays the foundation for a stronger, more resilient future for all.

Health includes both **physical and mental well-being**, yet mental health is often stigmatised. While physical health focuses on bodily functions, mental health affects emotions, thoughts, and interactions. Despite its equal importance, discrimination limits access to care. Recognising mental health as vital, promoting awareness, and ensuring equal healthcare access are essential for overall well-being.

## 2 Physical Health

The World Health Organisation (WHO) defines physical activity as any movement of the body that is generated by the skeletal muscles and requires energy expenditure. This definition encompasses a broad spectrum of movements, whether undertaken for leisure, commuting, work obligations, or household chores. Engaging in physical activities of moderate to vigorous intensity offers a wealth of health benefits, contributing to overall well-being. There are countless ways to stay active, including enjoyable pursuits such as walking through a scenic park, cycling along picturesque trails, wheeling through vibrant communities, playing competitive sports, participating in recreational activities, or simply enjoying playful moments. These activities can be tailored to individuals of all skill levels, making wellness an accessible goal for everyone<sup>1375</sup>.

Engaging in physical activity supports overall health and well-being, while inactivity heightens the risk of noncommunicable diseases (NCDs) and other adverse health effects. The combined impact of physical inactivity and sedentary lifestyles is driving the increase in NCDs and straining healthcare systems.

Enhancing physical activity levels can improve health outcomes, support global NCD targets, and advance several Sustainable Development Goals. Achieving this, however, requires stronger commitments and investments from governments, innovative contributions from non-state entities, coordinated efforts across sectors, and continuous oversight and guidance from the WHO.

Physical inactivity presents a significant risk factor for mortality linked to noncommunicable diseases (NCDs). Individuals who do not engage in regular physical activity face a 20% to 30% heightened risk of premature death compared to those who incorporate exercise into their daily routines. In contrast, participating in regular physical exercise yields a multitude of health benefits that span across all stages of life.

For children and teenagers, engaging in physical activity not only enhances overall fitness levels but also promotes crucial aspects of health such as cardiometabolic and bone strength. Furthermore, it sharpens cognitive abilities and enriches emotional well-being, all while assisting in the reduction of body fat.

In adults and seniors, the advantages of consistent physical exercise are equally compelling. Regular activity significantly lowers the risk of all-cause mortality and mitigates the likelihood of cardiovascular diseases, high blood pressure, certain cancers, and type 2 diabetes. It also plays a vital role in preventing falls, while concurrently boosting mental wellness, cognitive function, and sleep quality, ultimately improving body composition.

<sup>1375</sup> World Health Org., Physical Activity, <https://www.who.int/news-room/fact-sheets/detail/physical-activity> (last visited Mar. 5, 2025).

Moreover, for pregnant and postpartum women, engaging in regular physical activity has been shown to substantially reduce the risk of complications such as pre-eclampsia, gestational hypertension, and gestational diabetes. It also helps manage excessive weight gain, diminishes the likelihood of complications during delivery, alleviates postpartum depression, and supports the well-being of newborns—without adversely affecting birth weight or increasing the risk of stillbirth. In essence, the benefits of physical exercise resonate through every phase of life, underscoring its critical role in promoting health and well-being.

Dormant behaviour, characterised by low-energy activities like sitting, lounging, or lying down while awake, has become more common with the growing use of motorised transport and screens for work, learning, and leisure. Studies indicate that prolonged sedentary behaviour has detrimental effects on health. Among children and teenagers, it is linked to increased body fat, worse cardiometabolic health and fitness levels, decreased pro-social behaviour, and shorter sleep duration. In adults, it is associated with a higher overall mortality rate, elevated risks of cardiovascular diseases and cancer, as well as an increased likelihood of developing type 2 diabetes, cardiovascular issues, and cancer.

The World Health Organisation (WHO) diligently monitors global trends in physical inactivity. A recent analysis highlights a concerning statistic: approximately 31% of the global adult population—equating to around 1.8 billion individuals—do not meet the recommended minimum of 150 minutes of moderate-intensity exercise each week. This figure reflects a significant increase of 5 percentage points from 2010 to 2022, revealing a troubling escalation in sedentary behaviour. If current trends persist, projections suggest that by 2030, the proportion of adults failing to achieve these vital levels of physical activity could escalate to 35%. This trend underscores the urgent need for initiatives

promoting regular exercise to enhance public health and well-being worldwide<sup>1376</sup>.

Globally, significant variations in physical inactivity exist across age and gender.

- Women are, on average, 5 percentage points less active than men, a gap that has remained unchanged since 2000.
- Physical inactivity tends to increase in both men and women after the age of 60.
- Among adolescents aged 11 to 17, 81% do not meet WHO's physical activity guidelines.
- Adolescent girls are less active than boys, with 85% failing to meet the recommendations compared to 78% of boys.

A range of factors influences physical activity levels across different population groups. These determinants may be individual or shaped by broader social, cultural, environmental, and economic conditions, which affect access to and opportunities for safe and enjoyable physical activity.

In the case of **Rajeeb Kalita Vs. Union of India (UOI) and Ors.**<sup>1377</sup>, The Supreme Court stated that ensuring public health is extremely important, and that well-maintained public restrooms are vital for protecting the health and overall welfare of society. The entitlement to safe and clean drinking water and sanitation is essential for the complete enjoyment of life and all human rights. It is well recognised in law that the right to life encompasses the right to a healthy and clean environment, as well as the right to live with dignity. Providing sufficient public toilets is crucial not only for upholding hygiene but also for guaranteeing privacy and safety, especially for women and transgender individuals.

<sup>1376</sup> Supra 2.

<sup>1377</sup> Rajeeb Kalita v. Union of India & Others, MANU/SC/0072/2025 (India).



Ensuring access to public toilets is a fundamental obligation of the States and Union Territories (UTs) under the Directive Principles of State Policy. However, merely constructing such facilities is insufficient; authorities must take proactive measures to ensure their regular maintenance and functionality throughout the year. A failure to provide inclusive and accessible sanitation facilities undermines the status of a State or UT as a welfare state<sup>1378</sup>.

It is important to note that while public toilets are constructed near toll plazas along national highways, they are often poorly maintained and inaccessible. The need for adequate toilet facilities is even more pronounced in judicial establishments, where judges, advocates, litigants, and court staff remain stationed for extended periods due to the demands of legal proceedings. Therefore, it is the responsibility of the government and local authorities to ensure the availability of well-maintained, hygienic, and accessible restroom facilities within court and tribunal premises, catering to the needs of men, women, persons with disabilities, and transgender individuals.<sup>1379</sup>

Physical health is a vital component of overall well-being and can only be effectively maintained through a combination of individual responsibility and proactive measures by both state and central governments. This requires the formulation and implementation of policies, along with the provision of appropriate safeguards, to ensure a healthy and sustainable living environment for all<sup>1380</sup>.

### 3 Mental Health

In the United States, the concept of mental hygiene has a long history. William Sweetzer was the first to describe it in writing in 1843. Concerns over the consequences of unhygienic circumstances increased after the Civil War,

prompting renowned psychiatrist Dr. J. B. Gray to advocate for a community-based approach to mental hygiene. Through education, social interaction, religious influence, and active engagement in national affairs, he envisioned a system that would improve mental health.

One of the original members of the American Psychiatric Association, Isaac Ray, described mental hygiene in 1893 as the process of protecting the mind against anything that may impair its stability, function, or quality. According to him, mental hygiene encompasses various aspects, including the regulation of physical health through exercise, rest, nutrition, clothing, and climate considerations. Additionally, it involves principles of heredity, emotional regulation, intellectual discipline, and alignment with prevailing societal emotions and opinions.<sup>1381</sup>

With strong data supporting the importance of mental health and the efficacy of integrated interventions, the current public mental health approach achieved international attention towards the end of the 20th century.

This approach is centred around two fundamental principles:

1. Mental health is an essential component of overall health.
2. Good mental health extends beyond merely the absence of mental disorders.

The field still faces several obstacles in spite of its advancements. Long-standing policy and practice differences between mental and physical health have resulted in stigmatisation and marginalisation of mental health services, as well as political, professional, and geographic isolation.

In 2017, the Special Rapporteur presented a landmark report addressing the “global burden of obstacles” within mental health systems and psychiatric practices. These obstacles include:

<sup>1378</sup> G.A. Res. 46/119, Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, U.N. GAOR, 46th Sess., U.N. Doc. A/RES/46/119 (Dec. 17, 1991), <https://www.un.org/documents/ga/res/46/a46r119.htm>.

<sup>1379</sup> Navtej Singh Johar v. Union of India, (2018) 10 S.C.C. 1 (India).

<sup>1380</sup> Nat'l Insts. of Health, Physical Wellness Toolkit (2024), <https://www.nih.gov/health-information/physical-wellness-toolkit> (last visited Apr. 14, 2025).

<sup>1381</sup> Johns Hopkins Bloomberg Sch. of Pub. Health, Origins of Mental Health, <https://publichealth.jhu.edu/departments/mental-health/about/origins-of-mental-health> (last visited Mar. 5, 2025).

- The dominance of the biomedical model in mental health care;
- Power imbalances that influence decision-making at all levels of mental health policy and service delivery; and
- The selective and biased use of evidence in mental health.

As a result, the existing framework of psychiatry is shaped by these power asymmetries, which contribute to mistrust among service users, their disempowerment, and the perpetuation of stigma.<sup>1382</sup>

The Ministry of Health and Family Welfare, Government of India, and the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, collaborated to conduct the National Mental Health Survey of India 2015-16 (Prevalence, Pattern, and Outcomes). According to the poll, 150 million people in India are thought to be affected by one or more mental health conditions.

The Indian Lunacy Act, of 1912 was enacted to regulate the treatment and care of individuals classified as "lunatics." Under Section 3(5) of the Act, a 'lunatic' was defined as an idiot or a person of unsound mind. The legislation primarily focused on the institutionalisation of such individuals in asylums and outlined procedures for their so-called "treatment." The Act was based on the assumption that individuals with mental illnesses posed a danger to society. Furthermore, **Section 13** of the Act granted extensive powers to police officers, enabling them to arrest individuals they had reason to believe were "lunatics."<sup>1383</sup>

The Mental Health Act, of 1987 was enacted to consolidate and amend laws related to the treatment and care of individuals with mental illnesses, as well as making improved provisions for their property and affairs, as stated in its Preamble. This legislation replaced

the Indian Lunacy Act, of 1912, representing a significant shift from the previous law, which failed to recognise the right of mentally ill individuals to live with dignity.

However, despite this progressive step, the 1987 Act did not grant individuals with mental illnesses full agency or legal personhood. It lacked a rights-based approach to mental disability and was primarily focused on establishing and regulating psychiatric hospitals and nursing mentally ill person homes, rather than ensuring broader legal protections or social integration. Under this Act, a 'was defined as someone requiring treatment due to a mental disorder, excluding mental retardation.

A comprehensive framework for the protection of rights and the promotion of equal opportunities for individuals with disabilities is established under the Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act, 1995, along with the corresponding Rules formulated under it. In addition to this, the Mental Health Act, of 1987 also mandates the appropriate government to establish and manage institutions dedicated to the care of individuals with mental disabilities. The objective of these provisions is to ensure equal opportunities and social security for such individuals. The designated authorities under these legislations are entrusted with the responsibility of ensuring that these institutions are properly maintained and that both inpatients and outpatients receive adequate care. Additionally, they are obligated to promote equal opportunities and social security in key areas such as education and employment for individuals with disabilities<sup>1384</sup>.

It is significant to remember that the province of Quebec has already legalized physician-assisted suicide. The Act Respecting End-of-Life Care (Quebec Act) was passed in June 2014,

<sup>1382</sup> Office of the U.N. High Comm'r for Hum. Rts., Right to Mental Health, <https://www.ohchr.org/en/special-procedures/sr-health/right-mental-health> (last visited Mar. 5, 2025).

<sup>1383</sup> Ravinder Kumar Dhariwal & Others v. Union of India & Others, MANU/SC/1275/2021 (India).

<sup>1384</sup> Ravinder Kumar Dhariwal & Others v. Union of India & Others, MANU/SC/1275/2021 (India).

and the majority of its provisions became operative on December 10, 2015. The law creates a framework for end-of-life care, which includes medical assistance in dying and ongoing palliative sedation. The latter is the practice of a doctor giving drugs or other things to a patient who is near death in order to relieve their agony by speeding up their demise<sup>1385</sup>.

To qualify for medical aid in dying under the Quebec Act, a patient must meet the following criteria:

1. Be an insured person as defined by the Health Insurance Act (Chapter A-29).
2. Be a legal adult and capable of providing informed consent.
3. Be at the end-of-life stage.
4. Suffer from a serious and incurable illness.
5. Be in an advanced state of irreversible decline in capability.
6. Experience constant and unbearable physical or psychological suffering.
7. Find that such suffering cannot be relieved in a manner they consider tolerable.

#### 4 Conclusion

Health serves as a crucial foundation that greatly influences the quality of life in many aspects, including physical, emotional, and social wellness. When health is at risk, even basic everyday activities—like ascending stairs, cooking, or participating in social events—may transform into overwhelming obstacles. The human body functions similarly to a precisely engineered machine, where the breakdown or malfunction of any single element, be it an organ, muscle, or neural pathway, can create a cascading effect on the entire system. This interrelation often leads to a decrease in functionality in several areas, resulting in a lower quality of life. Among the numerous

aspects of health, mental well-being is especially important to overall health. It is deeply connected to the intricate web of neurons in our brain, which acts as the control centre for our thoughts, feelings, and behaviours. This network, featuring countless links, shapes how we view and react to our surroundings, influencing our capability to handle stress, form relationships, and participate in satisfying endeavours. It is vital to prioritise mental health for various reasons. By nurturing mental well-being through methods such as mindfulness, therapy, social support, and self-care, we enhance the effective coordination of bodily functions. This comprehensive approach creates a state of equilibrium that contributes not only to emotional strength but also to physical health, improving vitality and longevity. Therefore, dedicating time and resources to mental well-being is not just advantageous; it is an essential move towards living a more enriched, fulfilling life, characterised by enhanced productivity, improved relationships, and ultimately, a stronger sense of purpose and contentment.

<sup>1385</sup> Common Cause (A Reg'd Soc'y) v. Union of India & Others, MANU/SC/0232/2018 (India).



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