Assessment of Young Adults Health and Wellbeing Using Biowell Device

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Abstract

Health and wellbeing assessment in young adults is essential for early detection of stress, lifestyle-related imbalances, and potential health risks. The Biowell device, a non-invasive energy field analysis tool based on gas discharge visualization (GDV) technology, has recently gained attention for its ability to evaluate physiological and psycho-emotional states. In this study, the Biowell device was employed to assess a cohort of young adults, focusing on parameters related to stress, energy distribution, and organ system balance. The assessment outcomes indicated measurable variations in energy field patterns that corresponded with individual lifestyle factors such as sleep, diet, and physical activity. The findings highlight the potential application of Biowell technology as a complementary tool for holistic health monitoring in young adults. While the results demonstrate promise, further large-scale and controlled studies are needed to validate its clinical relevance and standardize interpretation methods. This work underscores the importance of integrating innovative, non-invasive technologies in preventive healthcare and wellbeing monitoring.

Keywords: Bio well, GDV, BMI, Energy expenditure, preventive healthcare, Biofield analysis.

Introduction

Young adulthood, typically defined between the ages of 18 and 25, marks a transformative period filled with significant biological, psychological, social, and emotional development. This stage is often described as a bridge between adolescence and full-fledged adulthood, wherein individuals begin to form long-term habits related to work, health, relationships, and identity. Due to increasing academic competition, career pressures, and lifestyle changes, young adults are particularly susceptible to stress, poor nutrition, inadequate sleep, and reduced physical activity—all of which collectively influence their overall health and well-being. The global rise in mental health concerns such as anxiety, depression, and stress among young adults has prompted researchers to explore early diagnostic tools and holistic evaluation methods[1;19]. Studies show that during this age group, unhealthy dietary patterns, disrupted sleep, and sedentary lifestyles begin to solidify, potentially affecting long-term health outcomes[2]. Conventional health assessments often focus on physical parameters such as blood pressure, BMI, and lab diagnostics, these methods may overlook subtle energy disturbances or early signs of psycho-emotional stress[3], the Bio-Well device—a non-invasive diagnostic tool based on Gas Discharge Visualization (GDV)—emerges as an innovative method to assess the energetic and emotional state of an individual. Developed by Dr. Konstantin Korotkov, this technology captures electro-photonic emissions from fingertips, allowing for visualization and quantification of energy fields, organ system imbalances, chakra alignment, and stress levels[4], the Bio-Well provides real-time insights into the psychophysiological condition of a person, offering both clinical utility and personal biofeedback[5]. This research paper aims to explore the application of the Bio-Well device in assessing young adults' health and well-being, particularly in the context of stress, lifestyle patterns, and energy balance. The paper integrates the latest literature, summarizes methodological approaches, and presents findings from a cross-sectional study conducted among university students. The insights derived from this research not only underline the efficacy of Bio-Well technology but also emphasize the importance of early lifestyle assessment and holistic health interventions in young adults.

[6-9] in their study titled "A Comparative Study of the Health Status of Young Indian Adults Indicates a Positive Impact of Traditional Indian Dietary Practices", adopted a cross-sectional comparative methodology to assess the health outcomes of college students aged 17–21 in post-pandemic India. The study sampled 306 students from Shivaji College, University of Delhi, and collected data during health camps in 2023. Anthropometric data such as Body Mass Index (BMI), Total Body Fat percentage (TBF%), Visceral Adipose Tissue percentage (VAT%), and Blood Pressure (BP) were measured using non-invasive tools like digital scales, height tapes, and Omron Karada Scan Body Composition Monitors. Blood pressure was assessed using the Omron HEM-907 automated oscillometric device. Participants completed structured questionnaires to report dietary preferences, physical activity, and supplement usage during lockdown. Measurements followed standardized procedures: BMI was calculated by dividing weight in kilograms by height in meters squared, while TBF% and VAT% were obtained using bioelectrical impedance analysis (BIA). BP readings were averaged over three measurements to ensure accuracy. This methodological consistency across time allowed for a valid comparative analysis, which highlighted the potential health benefits of traditional diets and ayurvedic supplements amidst lifestyle disruptions during the pandemic.[7,10]

conducted a cross-sectional study in Hungary's Southern Great Plain to investigate the associations between physical activity (PA), sedentary behaviour (SB), and nutritional status among adults. Utilizing data from 3,665 participants, the researchers employed the Hungarian version of the International Physical Activity Questionnaire – Short Form (IPAQ-SF), a validated tool for assessing PA and SB. Participants were recruited through convenience sampling at public health events, which, while yielding a large sample size, potentially biased the sample toward more health-conscious individuals. The study collected sociodemographic information and self-reported anthropometric data to calculate BMI. Statistical analyses were performed using Jamovi 2.0, with descriptive statistics summarizing sample characteristics. Inferential methods included chi-square tests for categorical variables, multinomial logistic regression to identify predictors of PA levels, and non-parametric tests (Mann–Whitney U and Kruskal–Wallis) for continuous variables like sitting time. The study's strengths include the use of a validated questionnaire and robust statistical analyses. However, limitations such as self-reported data, which can introduce recall and reporting bias, and the non-random sampling approach, which affects generalizability, must be considered. Furthermore, the cross-sectional nature of the study precludes establishing causality, limiting conclusions to associations between the examined variables.[8] in the research titled "Understanding Human Energy Fields: The Role of the Bio Well GDV Device in Aura Analysis," highlights the evolving scientific interest in the study of human bioenergetic fields. The author discusses how technological advancements, such as the Bio-Well GDV device developed by Dr.Konstantin Korotkov, have enabled researchers to visualize and analyze human auras. Suru emphasizes that the study of energy fields is no longer confined to metaphysical speculation but is gradually entering scientific discourse, especially within the domains of alternative medicine and holistic health.[9,11] conducted a cross-sectional study to assess the prevalence and correlates of Generalized Anxiety Disorder (GAD) and perceived stress among Sudanese medical students, with a strong focus on methodological rigor. The study used a survey-based design and validated instruments—the GAD-7 and Perceived Stress Scale (PSS)—to ensure reliable, standardized measurement of mental health indicators. These tools allowed for symptom severity categorization based on clinical cutoff scores, offering actionable insights for institutional support. Stratified random sampling ensured balanced representation across academic years, highlighting that clinical-year students reported higher stress levels, likely due to increased academic and clinical demands. Data were collected through anonymous, self-administered questionnaires, minimizing social desirability and response bias—especially important in mental health research. Statistical analyses included both descriptive measures and logistic regression to explore associations between GAD, stress, and factors such as academic pressure, financial difficulties, and lack of psychological support. These stressors emerged as significant predictors of adverse mental health outcomes. While the cross-sectional design prevents causal conclusions, the study offers valuable epidemiological insights and sets the stage for future longitudinal and interventional research aimed at improving student mental health in

similar academic settings.[10,13-15] Bio-Well Based Stress Management focused on using Bio-Well technology as a non-invasive tool to evaluate stress levels and overall energy state of the human body. Their methodology involved capturing electro-photonic emissions from fingertips using a specialized Bio-Well camera. The study included both pre- and post-intervention assessments, with stress management techniques such as guided meditation, breathing exercises, and lifestyle modifications administered to participants over a fixed duration. The captured images were analyzed using the Bio-Well software to assess parameters like energy level, stress index, organ balance, and chakra alignment. The strength of this method lies in its ability to provide visual feedback and objective bio-energetic data, allowing real-time monitoring of stress reduction progress.[11,12-18] in their study "Assessing Holistic Health: Exploring Bio-Well GDV as a Comprehensive Measurement Tool," examined the effectiveness of the Bio-Well GDV (Gas Discharge Visualization) device in assessing various dimensions of holistic health. Their methodology emphasized a non-invasive, energy-based diagnostic approach, using electro-photonic imaging to analyze human biofields. Participants underwent Bio-Well scans, and parameters such as energy levels, chakra alignment, and organ balance were recorded. The authors applied both qualitative and quantitative analyses to validate the tool's reliability and accuracy in a holistic health framework.

Materials and Methods

1.Study Design and Ethical Considerations:
The research adopted a descriptive cross-sectional design and received ethical clearance from Era University. Informed consent was collected from all 216 participants. The aim was to assess stress, energy, and lifestyle patterns using a mixed-method approach.

2. Sampling and Participants:
Young adults aged 18–25 from various departments at Era University were selected using convenience sampling. Participants with known chronic physical or mental illnesses were excluded to ensure data validity.

3. Data Collection Tools:
Questionnaire: A validated, structured tool captured demographic details, perceived stress indicators, dietary and sleep patterns, and physical activity.

Bio-Well GDV Device: Captured electro-photonic emissions from fingertips to evaluate stress and energy levels using GDV software parameters.

4. Procedure: Bio-Well scans were performed in standardized conditions. Participants were required to remove metal objects and clean their hands before scanning. Data was analyzed for energy, stress index, and chakra alignment. Following assessments, all participants received a structured nutrition education session focused on balanced diets and stress coping strategies.

Results
The results of the study were analyzed to assess the health status of young adults using both subjective responses and objective Bio-well measurements.

The demographic data reveal that the majority of participants (63.9%) were aged between 20–23 years, with females (79.62%) being more predominant. Most belonged to nuclear families (56.48%) and followed the Muslim faith (62.03%). The heads of families largely held high school (23.61%) or graduate (23.61%) qualifications. In terms of dietary patterns, non-vegetarianism (48.14%) was the most common food habit among respondents.

Table: 4.1 General Profile Survey

S.No.	Particulars	Frequency N= 216	Percentage (%)
	Age		
	17-19	37	17.1
	20-23	138	63.9
	24-26	41	19.0
	Religion		
	Hindu	49	22.6
	Muslim	134	62.03
	Christian	33	15.2
	Gender		
	Male	44	20.3
	Female	172	79.62
	Family Type		
	Joint	94	43.51
	Nuclear	122	56.48
	Education of Head of the Family		
	Primary	34	15.74
	High School	51	23.61
	Intermediate	43	19.90
	Graduate	51	23.61
	Post Graduate	29	13.42
	Others /Illiterate	8	3.70
	Food Habits		
	Vegetarian	65	30.09
	Non vegetarian	104	48.14
	Eggetarian	47	21.75

The mean height of male participants aged 18–25 years was 173.24 cm, slightly below the standard height of 177 cm, with a standard deviation of 9.36. Female participants in the same age group had a mean height of 158.21 cm compared to the standard 164 cm, with a standard deviation of 7.57.

Table 4.2 Mean Height of the Respondents

Age Group	Standard Height	Mean Height	Std Deviation
18-25 years (Male) N= 44	177	173.24	9.36
18-25 years (Female) N= 172	164	158.21	7.57

Male participants (18–25 years) had a mean weight of 69.30 kg, slightly below the standard 74 kg, with a standard deviation of 13.80. Female participants showed a lower mean weight of 52.63 kg compared to the standard 65 kg, with a standard deviation of 9.46.

Table 4.3 Mean Weight of the respondents

Age Group	Standard Weight	Mean Weight	Std Deviation
18-25 years (Male) N=44	74	69.30	13.80
18-25 years (Female) N=172	65	52.63	9.46

The majority of participants (44.4%) fell within the normal BMI range (18.5–22.9), while 23.6% were underweight and 27.7% were either overweight or pre-obese. Only 0.46% were classified as obese, with no cases in Obese Type 1, 2, or 3 categories.

Table 4.4 Average BMI values of the Respondents *(N=216)*

S. No	BMI (Gomez)	Categories	N (216)	%
1.	< 18.5	Under weight	51	23.6
2.	18.5 – 22.9	Normal weight	96	44.4
3.	23 – 24.9	Over weight	29	13.4
4.	25 -29.9	Pre Obese	31	14.3
5.	>30	Obese	1	0.46
6.	30 – 40	Obese Type -1	No one	0
7.	40.1 – 50	Obese Type -2	No one	0
8.	>50	Obese Type -3	No one	0

The data shows high daily consumption of cereals (62.03%) and fats/oils (49.1%), while pulses (45.3%) and milk products (41.2%) were also commonly consumed. Green leafy vegetables, roots/tubers, and fruits were moderately consumed, mostly 2–4 times weekly. Meat and poultry had low daily intake (6.5%) with many reporting occasional or no consumption. Sugar/jaggery had varied intake, with 40.7% consuming it daily, but 15.3% never consuming it.

Table 4.5 Frequency of Food Group Consumption among Respondents *(N = 216)*

Food groups	Daily		4-6 times / Week		2-4 times / week		1-2 times / week		Occasionally		Never	
	N	%	N	%	N	%	N	%	N	%	N	%
Cereals	134	62.03	37	17.1	24	11	9	4.16	10	4.62	2	0.92
Pulses	98	45.3	60	27.7	42	19.4	10	4.62	6	2.7	0	0
Milk /Milk products	89	41.2	41	19.0	38	17.6	21	9.7	20	9.3	7	30
GLV	48	22.2	53	24.5	49	22.7	38	17.6	27	12.5	1	.5
Roots and tubers	50	23.1	57	26.4	56	25.9	25	11.6	19	8.8	9	4.2
Fruits	49	22.7	50	23.1	54	25.0	35	16.2	26	12.0	2	.9
Meat and poultry	14	6.5	48	22.2	44	20.4	43	19.9	35	16.2	32	14.8
Fats and oils	106	49.1	40	18.5	24	11.1	23	10.6	19	8.8	4	1.9
Sugar and jaggery	88	40.7	40	18.5	33	15.3	15	6.9	33	15.3	7	3.2

The majority (75.9%) reported not feeling daily stress, yet 37% experienced sleep disturbances due to stress, with 8.3% affected often. About 63% felt physical tiredness occasionally or weekly without medical reasons. Mood swings or irritability were occasionally reported by 28.2%, while 43.5% never experienced them. Relaxation practices were followed occasionally by 37%, with only 25% practicing them regularly.

Table 4.6 Stress Perception and Coping Practices Among Young Adults

S. No	Particulars	N	Percentage %
1.	Do you feel Stress in Daily Life? a) Yes	164	24.1
	b) No	52	75.9
2.	Do you suffer from sleep Disturbances due to Stress?		
	a) Yes, often	18	8.3
	b) Sometimes	62	28.7
	c) Rarely	94	43.5
	d) Never	42	19.4
3.	How often do you feel physically tired without a medical reason?		
	a) Daily	19	8.8
	b) Weekly	58	26.9
	c) Occasionally	59	27.3
	d) Never	80	37.0
4.	How often do you experience mood swings or irritability?		
	a) Daily	12	5.6
	b) Weekly	49	22.7
	c) Occasionally	61	28.2
	d) Never	94	43.5
5.	Do you practice any relaxation techniques (Yoga, Meditation, Deep Breathing)?		
	a) Yes, regularly	54	25.0
	b) Occasionally	80	37.0
	c) Rarely	60	27.8
	d) Never	22	10.2

A majority (63.9%) reported following a balanced diet, and 66.2% considered their lifestyle healthy. Nearly half (49.1%) never skipped meals, and 59.7% maintained a fixed sleep schedule. Most participants (86.1%) slept 6–8 hours or more per night, indicating generally healthy sleep habits.

Table 4.7 Dietary and Lifestyle Habits Among Young Adults

S. No.	Particulars	N	Percentage %
6.	**Do you have a Balanced Diet?**		
	a) Yes	138	63.9
	b) No	78	36.1
7.	**How often do you skip meals?**		
	a) Often	47	21.8
	b) Sometimes	17	7.9
	c) Rarely	46	21.3
	d) Never	106	49.1
8.	**Do you feel you have a healthy Lifestyle?**		
	a) Yes	143	66.2
	b) No	73	33.8
9.	**Do you have a fixed Sleep Schedule?**		
	a) Yes	129	59.7
	b) No	87	40.3
10.	**How many hours do you sleep on average per night?**		
	a) Less than 5 hours	6	2.8
	b) 5-6 hours	24	11.1
	c) 6-8 hours	104	48.1
	d) More than 8 hours	82	38.0

Nearly half (49.5%) of the participants consumed fast food once a week, while 46.8% ate fresh fruits and vegetables daily. Most (49.1%) drank 2–3 liters of water daily, showing good hydration habits. Over half (52.8%) consumed caffeinated drinks occasionally, and 73.2% reported screen time of less than 3 hours per day.

Table 4.8 Food Consumption Patterns, Hydration, and Lifestyle Habits Among Young Adults

S. No	Particulars	N	Percentage %
11	**How often do you consume fast food or processed foods?**		
	a) Daily	30	13.9
	b) 3-4 times a week	21	9.7
	c) Once a week	107	49.5
	d) Rarely	58	26.9
12.	**How frequently do you consume fresh fruits and vegetables?**		
	a) Daily	101	46.8
	b) 3-4 times a week	47	21.8
	c) Once a week	21	9.7
	d) Rarely	47	21.8
13.	**How much water do you drink daily?**		
	a) Less than 1 Liters	14	6.5
	b) 1-2 Liters	43	19.9
	c) 2-3 Liters	106	49.1
	d) More than 3 Liters	53	24.5
14.	**How often do you consume caffeinated drinks (tea, coffee. Soft drinks, energy drinks)?**		
	a) Daily	5	2.3
	b) Occasionally	114	52.8
	c) Rarely	59	27.3
	d) Never	38	17.6
15.	**How many hours do you spend on screen time (Tv, mobile, laptop) per day?**		
	a) Less than 1 hour	74	34.3
	b) 1-3 hours	84	38.9
	c) 3-5 hours	50	23.1
	d) More than 5 hours	8	3.7

The Biowell stress analysis revealed that a majority of participants (69.4%) fell into the "Increased" stress category. Only 15.7% had "Optimal" stress levels, indicating good stress balance. A notable 14.4% experienced "High" stress, while 0.5% reported "Very High" stress. No participants were categorized under "Low" or "Excessive" stress levels.

Table 4.9 Bio -Well Assessment of Stress Levels Among Young Adults

S. No.	Biowell Stress Category	N (216)	Percentage %
1.	0-2 (LOW)	0	0
2.	2-3 (OPTIMAL)	34	15.7
3.	3-4 (INCREASED)	150	69.4
4.	4-6 (HIGH)	31	14.4
5.	6-8 (VERY HIGH)	1	0.5
6.	8-10(EXCESSIVE)	0	0

The Biowell energy analysis showed that the majority of participants (93.1%) had "Optimal" energy levels, indicating balanced vitality. A small proportion (4.2%) fell into the "Lowered" category, while only 2.8% had "Heightened" energy. No participants recorded either "Low" or "High" energy levels. Overall, energy status appeared largely stable among respondents.

Table 4.10 Bio-Well Assessment of Energy Levels Among Young Adults

S. No.	Biowell Energy Category	N (216)	Percentage %
1.	0-20(LOW)	0	0
2.	20-40 (LOWERED)	9	4.2
3.	40-60 (OPTIMAL)	201	93.1
4.	60-80 (HEIGHTENED)	6	2.8
5.	80-100(HIGH)	0	0

Descriptive statistics reveal that the questionnaire total scores ranged from 7 to 33, with a mean of 21.27, indicating moderate overall responses. The Biowell stress values averaged 3.46, falling within the "Increased" stress category. Energy values had a mean of 49.78, aligning with the "Optimal" energy range. Standard deviations were moderate, showing some variability among participants.

Table 4.11: Descriptive Statistics for Questionnaire Total Score, Bio-Well Stress, and Bio-Well Energy Values

Descriptive Statistics					
	(frequency) N	Minimum	Maximum	Mean	Std. Deviation
Qestionnaire total score	216	7	33	21.27	4.673
Bio well stress	216	2.77	6.35	3.4587	0.58781
Bio well energy values	216	33.38	63.12	49.7798	4.93171

The majority of participants who perceived stress reported experiencing it occasionally (52) or weekly (44), while only 8 felt it daily. In contrast, most of those not perceiving stress selected "never" (34), indicating a clear association between self-reported stress and frequency of stress experiences.

Table 4.12 Association Between Perceived Stress and Frequency of Mood Swings or Irritability with Chi-Square Test Result

Perceived Stress	Never	Occasionally	Weekly	Daily	Total
No	34	9	5	4	52
Yes	60	52	44	8	164
Total	94	61	49	12	216

Among participants with a balanced diet, 109 perceived their lifestyle as healthy, while 29 did not. In contrast, 44 out of 78 participants without a balanced diet did not perceive their lifestyle as healthy, indicating a positive association between balanced diet and perceived healthy lifestyle.

Table 4.13 Association between Balanced Diet and Perceived Healthy Lifestyle with Chi-Square Test Results

Balanced Diet	Perceived Healthy Lifestyle: Yes	Perceived Healthy Lifestyle: No	Total
Yes	109	29	138
No	34	44	78
Total	143	73	216

Participants with a fixed sleep schedule mostly slept 6–8 hours (69) or more than 8 hours (38), indicating healthier sleep patterns. Those without a fixed schedule showed a higher tendency toward longer or inconsistent sleep durations, especially over 8 hours (44).

Table 4.14 Association between Fixed Sleep Schedule and Sleep Duration with Chi-Square Test Results

Fixed Sleep Schedule	More than 8 hours	6–8 hours	5–6 hours	Less than 5 hours	Total
Yes	38	69	19	3	129
No	44	35	5	3	87
Total	82	104	24	6	216

Participants with a healthy lifestyle most commonly consumed fast food once a week (80), followed by rarely (34). In contrast, those without a healthy lifestyle showed higher daily fast food consumption (16), suggesting dietary habits may influence perceived lifestyle quality.

Table 4.15 Association between Healthy Lifestyle and Fast Food or Processed Food Consumption with Chi-square Test Results

Healthy lifestyle	Rarely	Once a week	3-4 times a week	Daily
Yes	34	80	15	14
No	24	27	6	16
Total	58	107	21	30

Participants who perceived their lifestyle as healthy mostly consumed fruits and vegetables daily (67) or 3–4 times a week (37). In contrast, those not perceiving a healthy lifestyle had lower daily intake (34), indicating a positive link between fruit/vegetable consumption and lifestyle perception.

Table 4.16: Association between Frequency of Fresh Fruits and Vegetables Consumption by Perceived Healthy Lifestyle

Perceived Healthy Lifestyle	Rarely	Once a week	3–4 times a week	Daily	Total
Yes	22	4	37	67	130
No	25	17	10	34	85
Total	47	21	47	101	216

Most participants with a perceived healthy lifestyle consumed 2–3 liters (74) or more than 3 liters (31) of water daily. Those without a healthy lifestyle reported lower water intake, suggesting hydration may influence or reflect overall lifestyle quality.

Table 4.17 Association between Frequency of water intake by Perceived Healthy Lifestyle

Perceived healthy lifestyle	more than 3 litres	2-3 litres	1-2 litres	less than 1 litre	Total
Yes	31	74	33	35	143
No	22	33	10	9	73
Total	53	106	43	14	216

Participants with a balanced diet mostly consumed caffeinated drinks occasionally (78) or rarely (37), with very few drinking them daily (5). Those without a balanced diet also showed occasional consumption but had no daily intake, indicating moderate caffeine use across both groups.

Table 4.18 Frequency of Balanced Diet Consumption by Dietary Awareness   (N = 216)

Balanced Diet	Never	Rarely	Occasionally	Daily	Total
Yes	17	37	78	5	138
No	20	22	36	0	78
Total	37	59	114	5	216

Conclusion

This study aimed to evaluate the health and well-being of young adults aged 18–25 using a holistic, non-invasive assessment method through the Bio-Well GDV device alongside traditional survey-based tools. The findings indicate that while the majority of participants reported maintaining a balanced diet (63.9%) and perceived themselves as leading a healthy lifestyle (66.2%), a significant portion experienced symptoms related to stress, irregular sleep patterns, and inconsistent dietary habits. Bio-Well stress analysis showed that 69.4% of participants fell into the "Increased" stress category, and only 15.7% were within the "Optimal" range. Despite this, energy levels were generally well-maintained, with 93.1% scoring within the "Optimal" category, reflecting a stable energy state.Nutritional patterns revealed a high intake of cereals, fats, and pulses, but relatively lower consumption of green leafy vegetables and fruits on a daily basis. Lifestyle indicators such as meal skipping, fast food intake, limited water consumption, and moderate caffeine use were evident among a significant portion of the participants. Associations derived from chi-square tests highlighted a strong link between a balanced diet and perceived healthy lifestyle, fixed sleep schedules and sleep duration, and fruit/vegetable intake and lifestyle perception. Moreover, students who perceived their lifestyle as healthy were more likely to hydrate adequately, sleep better, and consume fast food less frequently.The Bio-Well device proved to be a valuable tool in offering real-time insights into the psychophysiological condition of individuals. Unlike conventional assessments that focus solely on physical parameters, the Bio-Well enabled visualization of stress and energy dynamics, contributing to a more comprehensive understanding of youth wellness, the study underscores the necessity of integrated health assessment tools that combine traditional and bioenergetic approaches for early detection and intervention in young adults. Promoting lifestyle awareness, stress management strategies, and balanced nutrition during this formative stage can have long-term benefits on individual health trajectories.

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