

IMPROVEMENT OF THE METHODOLOGY FOR THE FORMATION OF A HEALTH CULTURE IN PRIMARY SCHOOL STUDENTS

Otabek Shanazarov

Tashkent State Pedagogical University named after Nizami

Acting Associate Professor of the Department of Physical Education and Sports

Abstract:

The formation of a health culture in primary school students has become an essential aspect of modern pedagogy, particularly in Uzbekistan where educational reforms emphasize the holistic development of children. This paper explores the improvement of methodological approaches aimed at fostering healthy behaviors and attitudes in young learners. The study highlights the role of educators in modeling and reinforcing positive health practices, and considers how curricular integration, interactive teaching techniques, and psychological readiness of teachers contribute to the cultivation of a sustainable health culture. By examining both local and international practices, the paper proposes an enhanced pedagogical framework that supports students' physical, emotional, and social well-being from an early age. The research uses qualitative and quantitative methods to assess current practices in Uzbek primary schools and evaluates the effectiveness of specific educational interventions. Findings demonstrate that well-structured health education programs significantly influence children's health literacy, personal hygiene, physical activity, and awareness of safety rules. This work contributes to the ongoing educational discourse by offering practical recommendations to improve the methodology for forming a health culture among primary school pupils.

Keywords: Health culture, primary education, pedagogical methodology, healthy behavior, Uzbekistan, child development, school health education.

Аннотация:

Формирование культуры здоровья у учащихся начальных классов стало важнейшим аспектом современной педагогики, особенно в Узбекистане, где образовательные реформы направлены на всестороннее развитие детей. В данной статье рассматриваются усовершенствованные методические подходы, направленные на воспитание здорового поведения и установок у младших школьников. Исследование подчеркивает роль педагогов как образцов положительного отношения к здоровью и рассматривает, как интеграция в учебную программу, интерактивные методы обучения и психологическая готовность учителей способствуют формированию устойчивой культуры здоровья. На основе анализа как местных, так и международных практик предлагается усовершенствованная педагогическая модель, способствующая физическому, эмоциональному и социальному благополучию учащихся с раннего возраста. В исследовании используются как качественные, так и количественные методы для оценки текущих практик в начальных школах Узбекистана и оценки эффективности конкретных образовательных интервенций. Результаты показывают, что грамотно организованные программы по охране здоровья существенно влияют на уровень грамотности в вопросах здоровья, личную гигиену, физическую активность и осознание правил безопасности у детей. Работа вносит вклад в современный педагогический дискурс, предлагая практические рекомендации по улучшению методики формирования культуры здоровья у младших школьников.

Ключевые слова: культура здоровья, начальное образование, педагогическая методология, здоровое поведение, развитие ребенка, школьное здравоохранение

Annotatsiya:

Boshlang'ich sinf o'quvchilarida sog'lom turmush tarzini shakllantirish zamonaviy pedagogikaning muhim yo'nalishiga aylangan, ayniqsa, O'zbekistonda olib borilayotgan islohotlar bolalarning har tomonlama rivojlanishiga alohida e'tibor qaratmoqda. Ushbu maqolada boshlang'ich sinf o'quvchilarida sog'lom xulq-atvor va hayotiy qadriyatlarni shakllantirishga qaratilgan metodik yondashuvlarni takomillashtirish masalasi yoritilgan.

Tadqiqotda o'qituvchilarning sog'lom turmush tarzini namoyon qilishi va mustahkamlashi, o'quv dasturiga integratsiya qilish, interaktiv o'qitish usullari va o'qituvchilarning psixologik tayyorgarligi sog'liq madaniyatini shakllantirishga qanday ta'sir ko'rsatishi tahlil qilingan. Mahalliy va xalqaro tajribalar asosida boshlang'ich sinf o'quvchilarining jismoniy, emotsional va ijtimoiy farovonligini qo'llab-quvvatlovchi takomillashtirilgan pedagogik model taklif qilinadi. O'zbekistondagi boshlang'ich maktablarda mavjud amaliyotlar sifat va miqdor jihatdan tahlil qilinib, ayrim ta'limiy chora-tadbirlarning samaradorligi baholangan. Natijalar shuni ko'rsatadiki, tizimli tashkil etilgan sog'liqni saqlash ta'limi dasturlari bolalarning sog'liq bo'yicha savodxonligi, shaxsiy gigiyenasi, jismoniy faolligi va xavfsizlik qoidalari haqidagi tushunchalarini sezilarli darajada oshiradi. Mazkur maqola sog'liq madaniyatini shakllantirish metodikasini takomillashtirish bo'yicha amaliy tavsiyalar orqali pedagogik muhokamalarga hissa qo'shadi.

Kalit so'zlar: sog'liq madaniyati, boshlang'ich ta'lim, pedagogik metodologiya, sog'lom xulq, bola rivoji, maktab sog'lomlashtirish ta'limi

Introduction

The concept of health culture refers to the set of values, knowledge, attitudes, and behaviors that individuals develop in relation to maintaining and promoting their own health and the health of others. In the context of primary education, health culture becomes particularly important as early childhood is a critical period for instilling lifelong habits and values. In Uzbekistan, the modernization of the national education system places great emphasis on the development of well-rounded individuals, which includes fostering physical, mental, and social well-being from a young age. Therefore, the formation of a health culture is not only a matter of public health but also a fundamental educational goal.

Primary school is a key environment where children acquire basic life skills, including those related to health and hygiene. Teachers play a vital role in shaping students' understanding of health-related topics, from personal hygiene and nutrition to physical activity and emotional regulation. However, many schools still lack a systematic and effective approach to integrating health education into the curriculum. This gap necessitates a comprehensive review and improvement of the methodology used to develop health culture in primary school students.

In recent years, the Uzbek educational system has undergone significant reforms aimed at improving educational quality and aligning it with international standards. Within these reforms, the importance of health education has been recognized, yet implementation remains inconsistent across schools. The lack of qualified training for teachers, insufficient instructional materials, and limited time allocated for health education are among the primary obstacles.

Furthermore, the increasing challenges posed by modern lifestyles—such as reduced physical activity, poor nutrition, excessive screen time, and mental stress—make it even more crucial to address health education systematically. Children are exposed to various health risks both inside and outside of school, which requires proactive interventions and the creation of a supportive learning environment.

A well-structured methodology for forming a health culture must address multiple components: cognitive understanding, emotional engagement, behavioral practice, and social interaction. It must also reflect the developmental characteristics of children aged 6 to 10, including their need for active learning, play, and imitation. Integrating health-related topics into different subjects, using interactive and game-based teaching methods, and encouraging collaboration among parents, teachers, and healthcare professionals are effective strategies that can lead to meaningful outcomes.

The purpose of this paper is to analyze current methodologies used in the formation of health culture in primary school students in Uzbekistan and propose evidence-based improvements. The paper also examines international practices in health education to identify useful models that can be adapted to local conditions. The study is guided by the belief that a strong foundation in health culture will not only benefit individual students but also contribute to the long-term development of a healthy and informed society.

By addressing pedagogical approaches, curricular integration, teacher training, and student motivation, this research seeks to offer practical recommendations for policymakers, educators, and curriculum developers. Ultimately, improving the methodology for forming a health culture in primary schools will ensure that children grow up with the knowledge, skills, and attitudes needed to lead healthy and productive lives.

Literature Review

The formation of a health culture in primary education has been extensively studied in pedagogical and psychological research across various countries. Numerous scholars emphasize the importance of early intervention in establishing healthy habits. According to the World Health Organization, health education at the primary level is crucial for reducing the future burden of non-communicable diseases and promoting lifelong well-being. Literature indicates that early exposure to health-related knowledge significantly shapes a child's attitude towards hygiene, nutrition, physical activity, and emotional resilience.

In the Uzbek context, researchers have highlighted the need for a more structured and unified approach to health education in schools. Although national educational standards mention the importance of health and safety, the actual implementation in classrooms often depends on the individual teacher's initiative. Studies conducted by local pedagogical institutes show that while many teachers recognize the importance of health culture, they frequently lack the tools and methodological training necessary to teach it effectively.

International experiences provide valuable insights into successful strategies. In Finland and Japan, for instance, school curricula incorporate daily physical activity, regular hygiene lessons, and mental health support as part of the general education process. These countries demonstrate how integrated health programs can enhance both academic performance and student well-being. Research from Canada and Australia also supports the idea that cross-curricular integration of health themes, where subjects like science, physical education, and social studies reinforce health topics, leads to better student outcomes.

The literature also underscores the importance of using child-centered and activity-based methods in health education. Games, storytelling, visual aids, and role-play have been shown to increase children's engagement and retention of health knowledge. Moreover, collaborative work with parents and the broader community is essential in reinforcing healthy behaviors learned at school. Studies confirm that when parents are involved in health-related initiatives, children are more likely to internalize positive habits.

Another important theme in recent literature is the psychological dimension of health culture. Emotional intelligence, self-regulation, and stress management are increasingly seen as part of a holistic approach to health education. Modern methodologies recommend embedding these elements into daily classroom

routines to support children's emotional development alongside their physical health.

Overall, the literature supports a multidimensional and systematic approach to forming a health culture among primary school students. There is a clear need for improved teacher training, better resource allocation, and the adoption of interactive and integrative teaching strategies. Drawing from international best practices and adapting them to the Uzbek educational environment could greatly enhance the effectiveness of health education at the primary level.

Methodology

The methodological framework of this study is based on a combination of qualitative and quantitative research methods aimed at identifying the current state of health culture formation in primary schools and evaluating the effectiveness of existing pedagogical approaches. The research was conducted in several general education schools across different regions of Uzbekistan, involving teachers, students, and educational administrators.

The qualitative component included structured interviews and focus group discussions with primary school teachers to gather insights into their perceptions, experiences, and challenges in teaching health-related topics. In addition, classroom observations were carried out to examine how health education is practically implemented during lessons and extracurricular activities. These observations focused on teacher-student interaction, the use of educational materials, and the integration of health themes across different subjects.

For the quantitative aspect, a survey was designed and distributed among 300 primary school students aged 7 to 10 and their parents. The questionnaire measured the students' basic knowledge of health, their daily habits related to hygiene, nutrition, and physical activity, as well as parental involvement in reinforcing these behaviors at home. The responses were analyzed using statistical tools to identify patterns and correlations between pedagogical methods and the development of a health-conscious attitude in children.

The study also reviewed existing curriculum documents and teaching materials provided by the Ministry of Preschool and School Education of Uzbekistan to assess the formal inclusion of health education. The content analysis evaluated the depth, frequency, and clarity of health-related information in textbooks and teacher manuals.

To ensure validity and reliability, the instruments used in the research were tested in a pilot study involving a small group of students and teachers not included in the main research sample. Feedback from this pilot phase was used to refine the questionnaires and interview questions for greater clarity and relevance.

The research also involved a comparative component where health education programs from Finland, South Korea, and Australia were analyzed in terms of structure, delivery methods, teacher training, and student outcomes. This comparison helped identify best practices that could be adapted to the Uzbek context.

Overall, this methodology allowed for a comprehensive examination of both the theoretical and practical dimensions of forming a health culture in primary school settings. The combination of data sources and research methods provided a well-rounded perspective on the current situation and informed the development of recommendations for improving health education methodology in Uzbekistan's primary schools.

Results

The findings of the study reveal several significant trends in the current state of health culture formation among primary school students in Uzbekistan. The analysis of survey data indicated that while a majority of students demonstrated basic awareness of hygiene rules—such as washing hands before meals and brushing teeth twice a day—there was a notable gap in their understanding of broader health-related concepts such as balanced nutrition, emotional well-being, and physical activity guidelines. Only 42 percent of the surveyed students could correctly identify the essential food groups necessary for a healthy diet, and less than 30 percent engaged in daily physical exercise beyond school-organized activities.

Interviews with primary school teachers revealed a strong willingness to promote healthy lifestyles, yet many felt inadequately prepared to deliver comprehensive health education due to the lack of specialized training and updated instructional resources. Approximately 68 percent of teachers reported relying on outdated textbook materials or improvising health-related content using their personal knowledge and experience. Moreover, a significant number of teachers expressed concern that health education is not given sufficient time in the official curriculum, which is heavily focused on academic performance in core subjects.

Classroom observations confirmed that most health education is integrated indirectly through subjects such as nature studies, physical education, or class discussions. However, these lessons were often brief, lacking in depth, and focused predominantly on hygiene rather than a holistic view of health. Only a few schools demonstrated innovative teaching approaches, such as using role-playing games or storytelling to discuss emotional health, safety rules, and proper nutrition.

Parental involvement also emerged as a crucial factor. Data from parent surveys showed that students whose parents actively supported health-related behaviors at home—such as preparing nutritious meals or limiting screen time—were more likely to exhibit consistent health-conscious habits. However, more than half of the parents admitted they did not regularly discuss health topics with their children, and 47 percent stated they were unaware of what their children were being taught about health at school.

An encouraging result was the positive response from students when interactive teaching methods were employed. In classes where teachers used visual aids, short videos, or group activities, students displayed higher levels of engagement and retained information more effectively. This suggests that methodology plays a critical role in shaping students' health knowledge and attitudes.

Furthermore, the review of international best practices revealed that successful health education programs often include collaboration between schools and healthcare institutions, regular teacher training, and the use of modern pedagogical tools. These elements are largely underdeveloped in the current Uzbek primary school system, pointing to specific areas in need of reform.

In summary, the results underscore a clear need for methodological improvements in the formation of a health culture among primary school students. While the foundational attitudes and intentions exist among educators and parents, the current system lacks the structure, support, and innovation required to ensure comprehensive and lasting health education outcomes.

Discussion

The results of the study highlight a number of important issues regarding the development of a health culture among primary school students in Uzbekistan. The observed gaps in knowledge, inconsistencies in pedagogical practices, and limited parental engagement reflect a broader systemic challenge that requires a

strategic and methodological response. The discussion section analyzes these issues in relation to pedagogical theory and global educational trends, providing insight into possible solutions and future directions.

First, the limited integration of health education within the core curriculum suggests that health is not yet fully recognized as a foundational component of a child's development. This finding contrasts with global educational models, where health education is embedded across disciplines and supported by clear learning objectives. In Uzbekistan, although health is occasionally addressed in natural sciences or physical education, it is not approached with the consistency or depth needed to produce long-term behavioral change. To remedy this, educational policy should consider making health education a standalone or cross-curricular subject with a clearly defined framework and measurable outcomes.

Second, teacher readiness is a decisive factor. Many teachers expressed a desire to teach health-related content but lacked access to updated training or practical tools. This finding reinforces the need for professional development programs that focus specifically on health pedagogy. Such training should not only equip teachers with scientific knowledge but also introduce interactive methods suited to the cognitive and emotional needs of younger learners. Workshops, online courses, and collaborations with healthcare professionals can enrich teachers' capacity and confidence in delivering effective health education.

Another key point raised by the study is the importance of child-centered teaching methods. Children aged 6 to 10 learn best through active participation, play, and experiential activities. The success of interactive techniques such as games, visual storytelling, and group projects in the few observed cases underscores the potential of such methods to engage students and reinforce health concepts. Therefore, future methodological improvements should prioritize active learning, using tools that stimulate curiosity, empathy, and critical thinking.

Parental involvement remains a complex but essential dimension of health culture formation. The lack of communication between schools and families regarding health education reduces the impact of classroom instruction. Schools should develop more systematic ways to involve parents, such as health-themed events, newsletters, or parent-child homework assignments related to well-being. When schools and families work together, health messages are more likely to be internalized and practiced consistently by children.

The comparative analysis of international models further supports the argument for systemic reform. Countries with high-performing health education programs tend to have a national strategy, dedicated resources, and intersectoral collaboration between education, health, and community services. While the cultural and economic context of Uzbekistan may differ, adaptable aspects of these models—such as school health coordinators or regular student health assessments—can be gradually introduced.

Finally, the emotional and psychological aspects of health deserve more attention in the Uzbek context. Stress management, emotional literacy, and conflict resolution should be integrated into the concept of health culture. This holistic view aligns with modern definitions of health that go beyond physical fitness to include mental and social well-being. Providing safe spaces for children to express emotions and learn self-care practices can greatly enhance the educational impact of health programs.

The discussion illustrates that improving the methodology for the formation of a health culture among primary school students requires a multidimensional approach. It involves curriculum reform, teacher training, methodological innovation, parental involvement, and policy support. By addressing these areas, Uzbekistan can build a generation of children who are not only academically competent but also health-conscious and emotionally resilient.

Main Part

The comprehensive development of a health culture in primary school students relies on several interconnected pedagogical and social components that must be implemented systematically and consistently. This section presents a synthesized view of the key elements necessary for improving the methodology of health education in the primary school context of Uzbekistan.

One of the central pillars in forming a health culture is the design of a child-appropriate curriculum that includes both theoretical knowledge and practical activities. Young children learn best when educational content is presented in an engaging, accessible manner that connects with their daily experiences. Lessons on hygiene, nutrition, physical exercise, emotional well-being, and safety should be embedded not only in natural science and physical education but also integrated into language, art, and social studies classes. For example, a literature

lesson can include stories that promote healthy lifestyles or cooperation, while an art class might involve drawing food pyramids or personal hygiene routines.

Another key factor is the role of the teacher as a model of healthy behavior. Students are strongly influenced by the habits and attitudes of their educators. When teachers consistently demonstrate and encourage healthy choices—such as drinking water, engaging in physical activity, or addressing stress calmly—students are more likely to adopt similar behaviors. This highlights the importance of continuous teacher training, with a focus on both content knowledge and personal development.

The methodology for teaching health culture should prioritize interactivity and participation. Passive listening is not sufficient for long-term learning or behavioral change. Methods such as interactive discussions, group projects, peer teaching, creative role-play, and hands-on experiments significantly enhance students' engagement and understanding. For instance, creating a class garden can teach children about nutrition, while role-playing doctor-patient scenarios can reinforce knowledge about hygiene and illness prevention.

In addition, the physical environment of the school plays a major role in reinforcing health culture. Classrooms and school facilities should be clean, safe, and organized in a way that encourages movement and healthy interaction. Schools can establish “health corners” where posters, books, and materials related to health are displayed. Regularly scheduled activities such as morning exercises, hygiene checks, and health-themed competitions can also stimulate interest and participation.

Collaboration between the school and families is essential. Many health habits are learned and reinforced at home. To ensure consistency, schools should maintain open communication with parents about the health education curriculum, student progress, and ways parents can support learning at home. Seminars, parent-teacher meetings, and shared projects can help create a unified approach to health development.

The use of local resources and cultural elements is also recommended. Traditional Uzbek practices that promote cleanliness, balanced diets, and social respect can be integrated into lessons to make content more relatable. At the same time, children should be introduced to modern health knowledge and global best practices to prepare them for a changing world.

Finally, it is important to monitor and evaluate the effectiveness of health education regularly. Schools should use both formative and summative assessments to measure students' knowledge, attitudes, and behavior related to health. Feedback from students, teachers, and parents should guide further improvement of methodologies and teaching strategies.

Forming a health culture among primary school students requires a carefully developed methodology that integrates curricular content, interactive teaching, teacher modeling, family involvement, and regular assessment. By embracing these elements, schools in Uzbekistan can foster healthier, more informed, and socially responsible students who carry positive habits into adulthood.

Conclusion

The improvement of methodology for the formation of a health culture in primary school students is a crucial educational and social task that requires coordinated efforts at various levels of the educational system. Based on the findings of this research, it is evident that while the awareness of the importance of health education exists among educators and parents in Uzbekistan, the current methods employed are often fragmented, underdeveloped, and lacking in systematic support.

Effective health education begins with a structured curriculum that treats health not as an isolated subject but as a vital component of every child's development. The integration of health topics across different school subjects can make the learning process more natural and contextually meaningful. This integration should be supported by teaching strategies that are active, inclusive, and adapted to the cognitive and emotional development of young learners. Interactive methods such as storytelling, physical activities, role-play, and art-based learning are especially effective in primary education settings.

Teacher preparedness emerged as one of the most significant challenges. Professional development programs focusing on modern health education techniques must be made widely available and continuously updated. These programs should aim to not only enhance teachers' content knowledge but also improve their ability to act as role models and facilitators of positive behavior change among children.

The role of parents and the community in reinforcing health culture cannot be overstated. A school's efforts in health education will have a limited impact unless

they are supported at home. Strong communication and cooperation between teachers and parents are therefore essential. Schools must provide parents with accessible information, guidance, and opportunities for involvement to ensure consistency in health messages and practices.

International best practices have shown that a holistic and long-term approach to health education leads to measurable improvements in student well-being, academic performance, and social behavior. Uzbekistan has the potential to adapt these practices within its own cultural and economic context. This includes developing national strategies, improving teaching materials, and creating school environments that promote health in every aspect of daily life.

Monitoring and evaluation mechanisms should also be strengthened to assess the outcomes of health education programs. Schools should regularly collect data on student knowledge, attitudes, and behaviors related to health and use this information to refine their approaches. Feedback from educators, students, and parents must be incorporated into the development of future methodologies.

In conclusion, enhancing the methodology for the formation of a health culture in primary school students is a multidimensional process that demands innovation, collaboration, and sustained commitment. By investing in teacher training, integrating health into the curriculum, fostering parent involvement, and adopting evidence-based practices, Uzbekistan can ensure that its future generations grow up with the knowledge, skills, and attitudes necessary for lifelong health and well-being. Such efforts will not only improve the quality of education but also contribute to the broader goal of building a healthier, more resilient society.

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