

DEVELOPING STUDENTS' FUNCTIONAL SKILLS RELATED TO NUTRITION, PHYSICAL ACTIVITY AND DAILY ROUTINE IN INCLUSIVE EDUCATION

Rasulova Muntazarxon Alisherbek qizi
CSPU Researcher

Abstract

The development of health-related functional skills is an important component of inclusive education because students need not only health knowledge but also the ability to apply it independently in everyday situations. This article examines the pedagogical and methodological foundations for developing functional skills related to healthy nutrition, physical activity, and daily routine among students in inclusive educational settings. The study is based on theoretical analysis, comparative analysis, systematization, synthesis, and pedagogical modeling of contemporary approaches to inclusive education and school health promotion. Particular attention is paid to students with special educational needs, whose participation in health-related activities may be influenced by cognitive, sensory, motor, communicative, environmental, or social barriers. The article argues that the effectiveness of health education in inclusive schools should be assessed not merely by students' knowledge but by their capacity to make appropriate choices and perform health-related actions with increasing independence.

Keywords: Inclusive education, functional skills, healthy nutrition, physical activity, daily routine, health education, students with special educational needs, healthy lifestyle, independence, Universal Design for Learning.

Introduction

The contemporary understanding of inclusive education extends beyond ensuring physical access to mainstream schools. It requires educational environments in which all students, including learners with disabilities and other special educational needs, can participate meaningfully, develop functional competence, and acquire skills necessary for independent and socially active lives.

Health-related competence constitutes an important part of this process. Students need to understand how nutrition, physical activity, rest, sleep, hygiene, emotional well-being, and daily routines influence their health. However, possessing information about healthy lifestyles does not necessarily result in healthy behavior.

A student may know that vegetables are beneficial but may be unable to make an appropriate food choice. Another may understand that physical activity is important but may not know how to participate safely in an adapted activity. A learner may know the importance of a daily routine but remain unable to organize schoolwork, meals, physical activity, rest, and sleep independently.

Therefore, health education in inclusive schools should progress from transmitting information toward developing functional health behavior. The conceptual trajectory can be expressed as:

This issue is particularly relevant for students with special educational needs. Cognitive difficulties may affect understanding of abstract health concepts; sensory impairments may limit access to conventional educational materials; motor disabilities may require adaptation of physical activities; communication difficulties may affect the ability to express health-related needs; and executive-function difficulties may influence planning and maintaining daily routines.

Consequently, inclusive health education requires the educational environment and instructional methods to be adapted to learner variability rather than expecting every student to master health-related skills through a single standardized pathway.

The purpose of this study is to theoretically substantiate the pedagogical mechanisms for developing students' functional skills related to nutrition, physical activity, and daily routine in inclusive education and to propose an integrated model for their development.

DISCUSSION

The theoretical analysis demonstrates that functional health education in inclusive settings requires a conceptual transition from knowledge transmission toward competence development.

The first important issue is the relationship between knowledge and behavior. Knowing what constitutes a healthy lifestyle does not automatically produce healthy choices. Therefore, instructional design should include practical decision-making and authentic application.

The second issue concerns equality and equity. Providing every learner with exactly the same physical activity, learning material, or task does not necessarily create equal educational opportunity. Some students require adapted materials, assistive technology, additional processing time, modified movement, or alternative communication. Thus: equity does not mean identical instruction; it means meaningful access to a common educational purpose.

The third issue is the relationship between support and independence. Assistance is essential when it enables participation, but unnecessary or excessive assistance may restrict the development of autonomy. For this reason, support should be accompanied by a planned fading strategy.

The fourth issue concerns transfer. A learner who identifies healthy food correctly on a worksheet but cannot make an appropriate choice in a cafeteria has acquired academic knowledge but has not yet demonstrated functional competence.

The same principle applies to physical activity and daily routines.

Therefore, transfer should not be considered an incidental outcome. It should be deliberately taught and assessed.

Recent evidence reinforces the importance of accessible school-based physical activity. A 2025 systematic review and meta-analysis involving 33 studies and 1,454 children and adolescents with disabilities found positive effects of school-based physical-activity interventions on cognitive and mental-health outcomes, although effects on academic outcomes were not significant. Research also indicates that school time structures, physical and social environments, and organizational factors influence physical-activity participation among students with disabilities.

These findings support an ecological approach in which health-related competence is influenced not only by the learner but also by the accessibility of the school environment.

CONCLUSION

Developing functional skills related to nutrition, physical activity, and daily routine is an important component of inclusive education. These skills contribute not only to health awareness but also to students' independence, self-regulation, participation, and quality of everyday life.

The pedagogical process should be based on assessment of individual needs, functional goal setting, Universal Design for Learning, differentiation, modeling,

visual and assistive supports, situational learning, repeated practical activity, gradual reduction of support, and family–school cooperation.

A major methodological conclusion is that the success of inclusive health education should not be measured exclusively through the amount of health information students remember. Its central outcome is the extent to which students can transform knowledge into appropriate, safe, increasingly independent, and transferable health-related behavior.

This approach transforms health education from teaching students about healthy living into preparing them to practice healthy living within the limits of their individual abilities and with appropriate support.

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