Formation of a healthy lifestyle in a younger schooler with the means of physical education


ABSTRACT

Comparison of the effectiveness of general educational and specially directed methods of physical education in relation to a healthy lifestyle is carried out. During the study, it was proved that pedagogical activity, specially organized for the formation of a healthy lifestyle among junior schoolchildren of physical culture, increasing students' interest in their health; forms an emotionally positive attitude towards one's health; will contribute to the assimilation of knowledge about a healthy lifestyle and their application in practice.

Keywords: Physical education, Children, Motivation, Exercises, Sport.

Cite this article as:

© Asociación Española de Análisis del Rendimiento Deportivo. Alicante, Spain. doi: https://doi.org/10.55860/REDQ9729
INTRODUCTION

According to WHO experts, health depends 50-55% on a person's lifestyle, 20-23% on heredity, 20-25% on the state of the environment (ecology) and 12% on the work of the national health system. So, to the greatest extent, human health depends on the way of life, which means that it can be considered that the general line of formation and strengthening of health is a healthy lifestyle (HLS). The foundation for health and a positive attitude towards exercise is laid during childhood. Every year the health of the younger generation is gradually deteriorating, which indicates the need to take urgent measures to improve the health of children and adolescents.

Childhood is the time when tendencies of human physical development are laid, it is at this time that environmental factors have the greatest influence on the body. The main goal of the work is to determine the effectiveness of general educational and specially targeted methods of physical education in relation to a healthy lifestyle.

According to modern concepts, a healthy lifestyle is the typical forms and methods of a person's daily life strengthening and improving the adaptive and reserve capabilities of the body which ensures the successful performance of social and professional functions.

Belov V.I. (2003) considers a healthy lifestyle as a model of life associated with ideas about the personal and social value of health, means, forms and ways of preserving it. The culture of a healthy lifestyle is a person's way of life in relation to his health, determined by the following components: cognition; value and motivation; physical; sociocultural and behavioural; active; strong-willed.

Any way of life is based on principles, that is, the rules of behaviour that a person follows. There are biological and social principles based on which a healthy lifestyle is formed. Biological principles: the lifestyle should be age-related, energetically safe, strengthening, rhythmic, moderate. Social principles: the way of life should be aesthetic, moral, strong-willed, self-limiting.

This classification is based on the principle of the unity of the individual and the general, the unity of the organism and the environment, biological and social. A healthy lifestyle is a rational organization of human life based on biological and social life forms of behaviour - behavioural factors. Let's list the main ones:

- The formation of positive emotions that contribute to mental well-being - the basis of all aspects of life and health;
- Optimal physical activity is the leading innate mechanism of bio progress and health;
- Rational nutrition is the main factor of bio progress and health;
- A rhythmic lifestyle corresponding to biorhythms is the basic principle of the body's life;
- Effective organization of labour activity - the main form of self-realization, formation and reflection of the human essence;
- Rejection of addictions (alcoholism, drug addiction, smoking, etc.) is a decisive factor in maintaining health.

In practice, the implementation of the listed forms of behaviour is extremely difficult.

The fact is that in the hierarchy of needs underlying human behaviour, health is far from being in the first place. This is due to the low individual and general culture of health, which leads to the absence of an attitude towards the primacy (supremacy) of the value of health in the hierarchy of human needs.
Childhood is the greatest age for developing a healthy lifestyle. In childhood, the basic values, habits, life guidelines are laid. A healthy lifestyle, being an individual system of human behaviour, presupposes the implementation of the rules of behaviour: hardening, rational nutrition, adherence to work and rest, personal hygiene, psychological stability, rejection of bad habits, etc.

Systematic sports activities effectively solve the problems of maintaining and strengthening health, preventing diseases, strengthening immunity, and so on. In addition, physical culture and sports are multifunctional means of education. The polyfunctionality of physical education is manifested in the development of physical, aesthetic, moral and volitional qualities of a person.

Physical education, as a means of forming a healthy lifestyle, is used at school throughout the entire period of education and is carried out in various forms. They are interconnected, complement each other and represent a single process of physical education of schoolchildren:

- Lessons are the main form of physical education and can have a direct impact on the process of forming the foundations of a healthy lifestyle for schoolchildren;
- Classes in sections, in groups of general physical training, physiotherapy exercises allow individualizing the process of physical education;
- Musical breaks, short warm-ups, physical exercises during the school day contribute to increased efficiency, improvement of conditions for educational work and rest, the formation of skills and habits of a healthy lifestyle for schoolchildren;
- Mass health-improving, physical culture and sports events contribute to the formation of a positive attitude towards a healthy lifestyle, increase the importance of systematic physical education and sports for schoolchildren.

Formation of healthy lifestyle is a long-term pedagogical process carried out by teachers, parents and a doctor. This process must be systematic and comprehensive. The formation of a healthy lifestyle affects different aspects of personality development.

For a comprehensive assessment of the degree of formation of a healthy lifestyle, we have identified the following criteria:

*The cognitive criterion* assumes the presence (or absence) of certain knowledge, skills, intellectual functions necessary for the formation of a healthy lifestyle. This criterion includes an understanding of various aspects of knowledge about health: hygienic requirements and norms, the basics of proper nutrition, work and rest, physical activity, etc. In addition, this criterion allows you to assess the degree of awareness of the rules for the use of various methods of maintaining and promoting health.

*The motivational criterion* assumes a desire to lead a healthy lifestyle, an interest in one's health.

*The criterion of activity* assumes the presence of measures to maintain a healthy lifestyle. This criterion assesses the degree of implementation of the main provisions of a healthy lifestyle in the behaviour, habits, and actions of children.

*The emotional-volitional criterion* assumes the degree of intensity of the emotional experiences of schoolchildren, their characteristics, the degree of volitional efforts in the process of assimilating and assimilating the foundations of a healthy lifestyle. It is determined by what volitional efforts the student makes to follow the rules of a healthy lifestyle.
Characteristics of the levels of formation of a healthy lifestyle are presented in Table 1.

Table 1. Characteristics of the levels of formation of a healthy lifestyle.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Level</th>
<th>High</th>
<th>Average</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td></td>
<td>1. The student has knowledge of the basics of a healthy lifestyle;</td>
<td>1. The student partially possesses knowledge of the basics of a healthy lifestyle, understands the basic principles.</td>
<td>1. The student does not know the basics of a healthy lifestyle, does not understand the basic principles.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. The student knows the rules for performing physical exercises and</td>
<td>2. The student knows some of the rules for performing physical exercises and complexes of physical exercises.</td>
<td>2. The student does not know the rules for doing physical exercises.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>complexes of physical exercises;</td>
<td>3. The student partially possesses knowledge of safety precautions during physical education.</td>
<td>3. The student does not know safety precautions when doing physical education.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. The student has knowledge of safety precautions during physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>education.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivational</td>
<td></td>
<td>1. The student is interested in knowledge about a healthy lifestyle.</td>
<td>1. The student is sometimes interested in a healthy lifestyle.</td>
<td>1. The student is not interested in knowledge about a healthy lifestyle.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. The student is tempted to take part in wellness activities.</td>
<td>2. The student sometimes wants to take part in health-related activities.</td>
<td>2. The student does not want to engage in health-improving activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Intrinsic motivation is sufficient to fulfill the norms and rules</td>
<td>3. Intrinsic motivation must be supported by external</td>
<td>3. There is no intrinsic motivation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of a healthy lifestyle.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td></td>
<td>1. The student systematically uses knowledge and practical skills in</td>
<td>1. The student sometimes uses knowledge and practical skills in the field of a healthy lifestyle in his life.</td>
<td>1. A student rarely uses or does not use knowledge and practical skills in the field of a healthy lifestyle in his life.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the field of healthy lifestyle in his life.</td>
<td>2. The student participates in most health-related activities.</td>
<td>2. The student does not participate or rarely participates in health-related activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. The student is an active participant in health-related activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. The student introduces other children to health-related activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional-volitional</td>
<td></td>
<td>1. Positive emotions prevail among schoolchildren in health</td>
<td>1. At the lessons of health-improving orientation the student has mixed emotions.</td>
<td>1. Negative emotions prevail among schoolchildren in health-improving classes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>improvement classes.</td>
<td>2. In difficult situations during the lesson, external support is</td>
<td>2. In situations of difficulties during classes, the student does not seek to cope with them, interrupts participation,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>needed.</td>
<td>3. The student considers health-improving activity as a situation of his own failure.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. The student views health-related activities outside the situation</td>
<td>4. The student does not know how to organize himself in the process of performing physical exercises.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>of their own success.</td>
<td>5. When retelling an event with his participation, he almost does not demonstrate emotional experiences.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. The student experiences difficulties in self-organization of</td>
<td>5. When retelling an event with his participation, the student does not demonstrate emotional experiences.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>physical exercises fulfilment.</td>
<td></td>
</tr>
</tbody>
</table>
The main assessment tools for these criteria were: questionnaires, questionnaires, observations, expert assessments. Let's look at these tools in relation to each criterion.

The main tool for assessing the formation of a healthy lifestyle in relation to the cognitive criterion in our study is a questionnaire in the form of a test. The survey reveals the level of students' awareness of a healthy lifestyle. The test questions are selected in such a way that the answers reveal the level of knowledge, considering age characteristics. The content of the questions is directly related to the educational material studied in the process of mastering the physical education program.

To determine the degree of motivation for physical education, we have developed a questionnaire for schoolchildren. The questionnaire contains suggested answers to the questions posed. Each answer is evaluated with a certain number of points.

The level of practical mastering of the fundamentals of a healthy lifestyle is revealed through the observation of the teacher and parents over the child's activities. The purpose of the observation is to determine to what extent the rules of a healthy lifestyle have become the norm of behaviour for the child. The observation results are recorded in the forms, quantitative data processing is carried out and a conclusion is made about the level of development according to this criterion.

To identify the attitude of children to activities related to a healthy lifestyle, students record their emotional attitude to all activities and events related to the formation of a healthy lifestyle within the curriculum.

To identify the peculiarities of the lifestyle of primary schoolchildren, we conducted a diagnostic study based on a state comprehensive school located in St. Petersburg. The study involved third grade students (students aged 8 to 9), their parents, teachers, and school medical staff.

Pupils of 3 "B" grade made up an experimental group of 24 people (12 boys and 12 girls), pupils of 3 "B" grade - a control group of 18 people (10 boys and 8 girls). To determine the level of students' awareness of a healthy lifestyle (cognitive criterion), testing was carried out among students of the experimental and control groups. The test results are presented in Tables 2, 3.

Table 2. Results of quantitative processing of the ascertaining stage of the experiment in the experimental class (n = 24).

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Level</th>
<th>High</th>
<th>%</th>
<th>Middle</th>
<th>%</th>
<th>Low</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of students</td>
<td></td>
<td></td>
<td>Number of students</td>
<td></td>
<td>Number of students</td>
<td></td>
</tr>
<tr>
<td>Cognitive criterion</td>
<td>5</td>
<td>20.83</td>
<td>9</td>
<td>37.50</td>
<td>10</td>
<td>41.67</td>
<td></td>
</tr>
<tr>
<td>Motivational criterion</td>
<td>5</td>
<td>20.83</td>
<td>9</td>
<td>37.50</td>
<td>10</td>
<td>41.67</td>
<td></td>
</tr>
<tr>
<td>Activity criterion</td>
<td>2</td>
<td>8.33</td>
<td>6</td>
<td>25.00</td>
<td>16</td>
<td>66.67</td>
<td></td>
</tr>
<tr>
<td>Emotional-volitional criterion</td>
<td>3</td>
<td>12.50</td>
<td>8</td>
<td>33.33</td>
<td>13</td>
<td>54.17</td>
<td></td>
</tr>
</tbody>
</table>
Table 3. Results of quantitative processing of the ascertaining stage of the experiment in the experimental class (n = 18).

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Level</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Middle</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of students</td>
<td>%</td>
<td>Number of students</td>
<td>%</td>
</tr>
<tr>
<td>Cognitive criterion</td>
<td>4</td>
<td>22.22</td>
<td>6</td>
<td>33.33</td>
</tr>
<tr>
<td>Motivational criterion</td>
<td>2</td>
<td>11.11</td>
<td>6</td>
<td>33.33</td>
</tr>
<tr>
<td>Activity criterion</td>
<td>1</td>
<td>5.56</td>
<td>4</td>
<td>22.22</td>
</tr>
<tr>
<td>Emotional-volitional criterion</td>
<td>3</td>
<td>16.67</td>
<td>5</td>
<td>27.78</td>
</tr>
</tbody>
</table>

Figure 1. Distribution of schoolchildren by the level of cognitive criterion.

An analysis of the results of the ascertaining experiment regarding the cognitive criterion shows that children have insufficient knowledge of a healthy lifestyle (Figure 1), namely:
- Students do not clearly identify the main factors affecting health, they cannot formulate the rules of a healthy lifestyle;
- Students do not understand the significance and influence of physical culture and sports on their health;
- Students do not differentiate physical exercises, depending on their focus (development of strength, flexibility, relaxation, mobilization of attention, etc.);
- Students do not know how and when to perform health-improving exercises (morning exercises, exercises for the eyes, for the formation of correct posture, etc.).
Figure 2. Distribution of schoolchildren by the level of motivational criterion.

Analysis of the results of the ascertaining stage of the experiment according to the motivational criterion revealed insufficient interest of children in activities related to a healthy lifestyle (Figure 2), namely:

- Students do not show initiative in learning the basics of a healthy lifestyle;
- Students do not try to lead a healthy lifestyle on their own initiative;
- Most students do not want to engage in extracurricular sports and physical education.

Figure 3. Distribution of schoolchildren by the level of activity criterion.
Analysis of the results of the ascertaining stage of the experiment in relation to the criterion of activity showed that students rarely apply knowledge about a healthy lifestyle in practice (Figure 3);

- Students have bad habits and there are no independent attempts to combat them;
- Students ignore the norms and rules of a healthy lifestyle known to them in practice (biting nails, sitting with a crooked pose, etc.);
- Many students refuse to participate in sports and recreation activities.

![Figure 4](image.png)

Figure 4. Distribution of schoolchildren by the level of emotional-volitional criterion.

Analysis of the results of the ascertaining experiment according to the emotional-volitional criterion shows that children are not emotionally involved in a healthy lifestyle (Figure 4), namely:

- Students show aversion to health-related activities;
- Students are not emotionally involved in sports games and physical exercises;
- When the difficulty of the exercise increases, students stop trying to complete the exercise.

The results showed that at the initial stage, students in the control and experimental classes have approximately the same degree of formation of a healthy lifestyle.

Thus, it is necessary to purposefully work on the formation of a healthy lifestyle by different means of physical education, which would be of a complex, systemic nature. According to E.A. Zaitseva and E.M. Shishkova (2011) organic inclusion in the educational process of various forms, methods, and techniques for the formation of a healthy lifestyle for teachers and students allows you to optimize the upbringing process, make it fun and effective.

According to Tolibova (2019) restructuring of the pedagogical process in physical education on the way to rationalization and optimization is to increase the motivation for physical education and sports; in the use of active and creative methods and forms of learning.
An experiment was carried out to assess the effectiveness of educational work.

One of the objectives of the physical education program is to form students’ conscious attitude to their health. The work on the formation of the values of a healthy lifestyle among younger schoolchildren was carried out mainly in physical education lessons. The work was carried out not only to develop physical qualities, but also to improve health. Particular attention was paid to the prevention of many diseases, such as scoliosis, flat feet, diseases of the organs of vision, gastrointestinal tract.

The work on the formation of the values of a healthy lifestyle among younger schoolchildren was carried out through the development of a theoretical section of the "Physical Education" program. The theoretical part of the program included the study of the following topics of physical culture:

- Features of the origin of physical culture, the history of the Olympic Games;
- Human health and physical development;
- Work of the respiratory and cardiovascular systems, the role of sight and hearing in human life;
- The impact of physical exercise, hardening procedures, personal hygiene and daily regimen on health promotion;
- Physical qualities and their relationship with physical development;
- Formation of correct posture;
- The terminology of the studied exercises;
- The reasons for getting injured in physical education lessons. Injury prevention.

This material was assimilated both in specially designated additional lessons (4-5 hours per quarter) and in the process of physical education lessons.

Each physical education session necessarily solved a health problem. The age of the students was considered. During the preparatory part of physical education lessons, a game-conversation on the topic of physical education was held with children. New knowledge was mastered with the help of riddles, illustrations, poems. New words were constantly introduced, which were then used during theoretical and practical studies. Unfamiliar words were recorded on cards for better memorization. Much attention was paid to the topics: "School day regimen", "Healthy lifestyle", "Body hardening".

Children were offered creative homework assignments:
- Make your daily routine;
- Draw an illustration (factors that have a negative and positive effect on health);
- Write an essay (on the topic "My healthy lifestyle").

In the practical part, students learned to compose and perform complexes of morning gymnastics, complexes of physical exercises for the development of speed, coordination, flexibility according to sensitive periods of age group.

The students were introduced to exercises to improve vision and hearing. They were included both in the general developmental exercises and in the final part of the lesson. General developmental exercises also included breathing exercises, which help prevent acute respiratory illness and improve oxygen supply to the brain.

An important place was taken by the students' acquaintance with exercises aimed at preventing flat feet and strengthening the muscular corset. Particular attention was paid to the formation of the correct posture. Such
exercises were offered with a small dosage for better memorization in the classroom and specially organized health-improving classes.

When conducting lessons, the age characteristics of children were considered. Sports games have been used as a primary means of activating and creating a positive emotional mood.

Extra-curricular work on the formation of a healthy lifestyle consisted of sports days, competitions, and children's holidays ("Merry starts", "Family days", thematic quizzes). The organization of the events was carried out jointly with the students. For the organization of children's leisure, children's entertainment show programs "Move, play, rejoice", "Funny clowns and kids" and so on were used. Show programs contained:

- Musical warm-up based on imitation of movements (flashlights, airplanes, penguins, horses, etc.);
- Musical rhythmic games: "Train", "Hitchhiker", "Sparrow";
- Fun, anecdotes, attractions, funny relay races.

Fairy tales were often used in sports scenarios. Characters of children's cartoons and fairy tales (Dr. Aybolit, coach Gantelkin, Sportakus) through games, poems, songs, and riddles formed in children an understanding that health depends on themselves. To preserve it, you need to eat right, exercise, keep yourself clean, tidy, and so on.

Such organization of sports events allowed to achieve complete emancipation of children, the manifestation of their independence, imagination, and creative abilities in the choice of movements.

According to Amitina O.V. and Shaikhullina A. (2020) such a form of work as an interactive game-competition does not provide ready-made knowledge, but encourages schoolchildren to independently search for information, develops the ability to defend their point of view reasonably, makes them learn to lead a discussion, convince, and ask questions.

One of the most important factors in the formation of a careful attitude towards their health in children is communication on this topic with their parents. Therefore, parents systematically participated in the organization and conduct of extracurricular activities. The fun atmosphere of the sporting events helped to introduce parents to a healthy lifestyle and served as an occasion to discuss the benefits of a healthy lifestyle for parents and children.

Also, educational work was carried out with all the teachers who worked with the students of the experimental class. The teachers developed physical education protocols that were then used in each lesson. Particular attention was paid to advice on taking breaks. As a result of joint activities, the breaks turned into interesting activities with outdoor games, which were conducted by high school students, teachers, and the children themselves. Introduced daily morning exercise.

According to Smirnova E.O. (2006) the main goal of teachers is to create conditions that will ensure the upbringing of happy, physically, and mentally formed, healthy children. These goals and objectives cannot be realized without the joint work of teachers and families, and it is also necessary to consider the individuality and interests of children.

In agreement with the doctors, an individual approach to children with various health limitations was carried out. This approach made it possible to create favourable conditions for the involvement of all students, without exception, in the process of adequate physical activity.
During educational events of a non-physical orientation, recreational activities were carried out: morning exercises, minute physical education in the classroom, visual and auditory warm-ups.

Thus, during the experiment, during 2 academic quarters (18 weeks) in the experimental class (n = 24), trainings were conducted aimed at developing the values of a healthy lifestyle in younger schoolchildren. The main tasks of physical education of students of the experimental class were:

- Development of basic physical qualities: strength, speed, endurance, coordination of movements, flexibility;
- Teaching physical exercises from such sports as gymnastics, athletics, ski training, as well as outdoor games and technical actions of sports games (basketball, volleyball) included in the school curriculum;
- Formation of general ideas about physical culture, its importance in human life, health promotion, physical development and physical culture and hygiene;
- Development of interest in independent physical exercises, morning exercises, physical exercises and outdoor games;

The teaching of the students of the control class was carried out in accordance with the normative base of teaching the subject [5]. The main tasks of physical education in the control class were:

- Development of basic physical qualities: strength, speed, endurance, coordination of movements, flexibility;
- Teaching physical exercises from such sports as gymnastics, athletics, ski training, as well as outdoor games and technical actions of sports games (basketball, volleyball) included in the school curriculum;
- Teaching the simplest ways to control physical activity, individual indicators of physical development and physical fitness.

Table 4. Results of quantitative processing of the control stage of the experiment in the experimental class (n = 24).

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Level</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Middle</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Number of students</td>
<td>%</td>
<td>Number of students</td>
</tr>
<tr>
<td>Cognitive criterion</td>
<td>10</td>
<td>41.67</td>
<td>10</td>
</tr>
<tr>
<td>Motivational criterion</td>
<td>12</td>
<td>50.00</td>
<td>8</td>
</tr>
<tr>
<td>Activity criterion</td>
<td>8</td>
<td>33.33</td>
<td>9</td>
</tr>
<tr>
<td>Emotional-volitional criterion</td>
<td>8</td>
<td>33.33</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 5. Results of control processing of the ascertaining stage of the experiment in the experimental class (n = 18).

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Level</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Middle</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Number of students</td>
<td>%</td>
<td>Number of students</td>
</tr>
<tr>
<td>Cognitive criterion</td>
<td>5</td>
<td>26.32</td>
<td>8</td>
</tr>
<tr>
<td>Motivational criterion</td>
<td>2</td>
<td>11.11</td>
<td>8</td>
</tr>
<tr>
<td>Activity criterion</td>
<td>1</td>
<td>5.56</td>
<td>6</td>
</tr>
<tr>
<td>Emotional-volitional criterion</td>
<td>2</td>
<td>11.11</td>
<td>7</td>
</tr>
</tbody>
</table>
The results of the experiment are presented in Tables 4,5.

The results of a comparative analysis of the ascertaining and control experiments are clearly presented in Figures 5-8.

![Figure 5. Distribution of schoolchildren by the level of cognitive criterion.](image)

A comparative analysis of the results of the ascertaining and control stages of the experiments shows that the students of the experimental group have significantly expanded their knowledge in the field of a healthy lifestyle. In the control group, the dynamics according to the cognitive criterion was lower.

In the experimental group, the percentage of children with a high level of formation of healthy lifestyle values relative to the cognitive criterion increased by 20.9% (from 20.8% to 41.7%), in the control group the growth was only 4.1%. (from 22.2% to 26.3%).

Thus, the work on the formation of knowledge about a healthy lifestyle among junior schoolchildren was quite effective.

A comparative analysis of the results of the ascertaining and control stages of the experiment showed that the children of the experimental group significantly increased the desire to lead a healthy lifestyle, go in for sports and recreational activities, and increased their interest in their health. The share of students with a high level of motivation for a healthy lifestyle increased by 29.2% (from 20.8% to 50%).

In the control group, the distribution according to the levels of the motivational criterion practically did not change.

The results of the study prove the effectiveness of work on the formation of motivation for a healthy lifestyle.
A comparative analysis of the results of the ascertaining and control stages of the experiment showed that the students of the experimental group demonstrated a positive dynamic of mastering the foundations of a healthy lifestyle in practice.

The proportion of students in the experimental group who independently and systematically apply knowledge of the norms and rules of a healthy lifestyle increased by 25% (from 8.3% to 33.3%).

Figure 6. Distribution of schoolchildren by the level of motivational criterion.

Figure 7. Distribution of schoolchildren by the level of activity criterion.
In the control group, according to this criterion, the dynamics is significantly lower.

The results of the study prove the effectiveness of introducing knowledge of the fundamentals of a healthy lifestyle into the behaviour and habits of students.

![Figure 8. Distribution of schoolchildren by the level of emotional-volitional criterion.](chart)

Comparative analysis of the results of the ascertaining and control stages of the experiment showed that the percentage of students in the experimental group with a positive attitude to physical culture and a healthy lifestyle increased by 21.8% (from 12.5 to 33.3%).

In the control group, according to this criterion, there is a slight negative trend. The proportion of students in the control group with a completely positive attitude to physical culture and a healthy lifestyle decreased by 5.2% (from 16.7% to 11.1%).

The results of the study prove the effectiveness of work on the formation of an emotionally positive attitude towards physical education and a healthy lifestyle.

Thus, the results of the experiment show that pedagogical activity aimed at developing a healthy lifestyle among students by means of physical culture contributed to an increase in students’ interest in their health, their assimilation of knowledge about maintaining health and their application in practice.

An analysis of the educational work carried out on the formation of the values of a healthy lifestyle for schoolchildren shows that the work of a teacher within the framework of the educational process should be systemic and complex. Such work will be more effective if the teacher not only uses the opportunities of the school curriculum, but also attracts students to extracurricular activities of an optional type, which increases the degree of children's involvement in a healthy lifestyle.
Systematic work (morning exercises, outdoor games during recess, physical education minutes) allows children to master the skills and abilities of a healthy lifestyle. Mass events (holidays, competitions, game programs) create situations of success for students, which becomes a means of developing motivation and desire to continue working in this direction.

An important condition for organizing work on the formation of a healthy lifestyle is the creation of a positive emotional mood, which largely determines the level of work efficiency in this direction.

The experiment showed the need to involve parents, teachers, and doctors in this process in order to observe the unity of educational influences.

CONCLUSION

The study and generalization of the theoretical foundations of the problem of the formation of a healthy lifestyle by means of physical education, as well as the results of the experiment, made it possible to draw the following conclusions:

1. The theoretical essence of a healthy lifestyle is determined by the fact that it is an individual system of human behaviour aimed at maintaining and strengthening one's health and ensuring optimal conditions for physiological and mental processes, reduces the likelihood of illness and increases life expectancy. During the study, it was revealed that childhood is the optimal age for the formation of a healthy lifestyle, since it is in childhood that the basic values, habits, and life guidelines are laid.

2. During the research, the main forms of physical education were identified, which are interconnected, complement each other and represent a single process of forming a healthy lifestyle:
   - Training sessions as the main form of physical education;
   - Classes in sections, in groups of general physical training, physiotherapy exercises as a form of familiarizing with a healthy lifestyle, taking into account the physical fitness of students;
   - Physical exercise in everyday life as a means of forming healthy lifestyle habits in the educational process;
   - Mass health-improving, physical culture, and sports events as a form of attracting students to regular physical culture, the formation of a positive attitude towards a healthy lifestyle.

3. Criteria and indicators of the level of formation of a healthy lifestyle of primary schoolchildren have been determined: cognitive, motivational, activity and emotional-volitional criteria.

4. The ascertaining stage of the experiment confirmed the need for purposeful work on the formation of a healthy lifestyle by means of physical education, which should be systemic and complex.

5. During the study, the pedagogical conditions for the successful formation of a healthy lifestyle by means of physical education were determined:
   - Using the capabilities of the physical education program;
   - The systematic use of physical exercises in the process of educational activities;
   - Creation of conditions for the involvement of schoolchildren and their parents in various extracurricular forms of educational activities aimed at the development of physical culture.
6. During the study, it was proved that pedagogical activity, specially organized for the formation of a healthy lifestyle among younger schoolchildren by means of physical culture, promotes an increase in students’ interest in their health, their assimilation of knowledge about maintaining health and their application in practice, the formation of an emotionally positive attitude towards physical education, health-improving and prophylactic orientation.

AUTHOR CONTRIBUTIONS

All authors noted above have contributed to this paper through original research and throughout the writing process.

SUPPORTING AGENCIES

No funding agencies were reported by the authors.

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the authors.

REFERENCES


