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FORMATION OF A HEALTHY LIFESTYLE IN STUDENTS: EXPERIMENTAL STUDY AND RESEARCH RESULTS

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Abstract. The relevance of the research topic is determined, firstly, by the need for further development of the theory and methodology of studying a healthy lifestyle; secondly, by the need to identify factors that contribute to its development; thirdly, by the importance of students adhering to the principles of a healthy lifestyle; and fourthly, by the analysis of the formation of a healthy lifestyle among university students based on the indicators of ((WHOQOL-BREF) KAZ). The purpose of this scientific article is to develop a healthy lifestyle model aimed at fostering the corresponding attitudes among students, to determine the possibilities of its application in the educational process, as well as to identify the factors influencing the formation of a healthy lifestyle among university students and the ways to optimize them based on the analysis of ((WHOQOL-BREF) KAZ) indicators. The article provides a scientific rationale and analysis of experimental work aimed at promoting a healthy lifestyle, as well as an examination of the obtained results. The research widely employed theoretical, empirical, and statistical methods. To assess students' general health, psychological and physical condition, as well as their connection with the social and public environment, the World Health Organization Quality of Life Assessment Scale — ((WHOQOL-BREF) KAZ) — was used. The research object consisted of students and faculty members of higher education institutions. Practical significance:

the results of the study make it possible to improve the content of effective programs and educational activities aimed at promoting a healthy lifestyle in universities. They are also consistent with the national programs of the Republic of Kazakhstan, such as «Healthy Nation» and the state strategy «Salamatty Kazakhstan», providing a practical basis for their implementation. Within the framework of the study, students' quality of life, health, social relationships, and the level of their social environment were assessed using percentage indicators from questionnaires. The obtained results made it possible to determine the interrelation of physical, psychological, and social factors in the process of forming a healthy lifestyle among students.

Keywords: WHOQOL-BREF (KAZ) scale, students, sports, education, higher education institution, good health and well-being

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СТУДЕНТТЕРДІҢ САЛАУАТТЫ ӨМІР САЛТЫН ҚАЛЫПТАСТЫРУ: ЭКСПЕРИМЕНТТІК ЗЕРТТЕУ ЖӘНЕ ҒЫЛЫМИ НӘТИЖЕЛЕР

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Аннотация. Зерттеу тақырыбының өзектілігі – біріншіден, салауатты өмір салтын зерттеу теориясы мен әдіснамасын одан әрі дамыту қажеттілігімен, екіншіден, оның дамуына ықпал ететін факторларды анықтау қажеттілігімен, үшіншіден, студенттердің салауатты өмір салтын ұстануының маңыздылығымен, төртіншіден, жоғары оқу орны студенттерінің салауатты өмір салтын қалыптастыруды ((WHOQOL-BREF) KAZ) көрсеткіштері негізінде талдаумен анықталады. Бұл ғылыми мақаланың мақсаты — білім алушылардың салауатты өмір салтын қалыптастыруға бағытталған салауаттылық моделін әзірлеу, оны білім беру үдерісінде қолдану мүмкіндіктерін анықтау, сондай ақ жоғары

оқу орындарында білім алушылардың салауатты өмір салтын қалыптастыру факторлары мен оңтайландыру жолдарын анықтау студенттер салауатты өмір салтын қалыптастыруды ((WHOQOL-BREF) KAZ) көрсеткіштері негізінде талдау. Мақалада салауатты өмір салтын қалыптастыруға бағытталған эксперименттік жұмыстарды талқылау мен зерттеу нәтижелері ғылыми тұрғыда сараланып, талданған. Зерттеу барысында теориялық, эмпирикалық және статистикалық әдістер кеңінен қолданылды. Студенттердің жалпы денсаулық, психологиялық және дене жағдайы мен әлеуметтік-қоғамдық ортамен байланысын анықтау мақсатында Дүниежүзілік денсаулық сақтау ұйымының өмір сапасын бағалау шкаласы — ((WHOQOL-BREF) KAZ) қолданылды. Зерттеу объектісі ретінде жоғары оқу орнының білім алушылары мен оқытушылары негізгі алынды. Практикалық маңызы: зерттеу нәтижелері жоғары оқу орындарында салауатты өмір салтын насихаттайтын тиімді бағдарламалар мен тәрбие жұмыстарының мазмұнын жетілдіруге мүмкіндік береді, сонымен қатар Қазақстан Республикасындағы «Дені сау ұлт» бағдарламасы, «Саламатты Қазақстан» мемлекеттік стратегиясы сынды ұлттық бағдарламалармен үйлесімді және олардың жүзеге асуына тәжірибелік негіз береді. Зерттеу аясында студенттердің өмір сапасы, денсаулығы, әлеуметтік қарым-қатынастары және қоғамдық ортасының әлеуметтік жағдайларының деңгейі сауалнама арқылы пайыздық көрсеткіштермен бағаланды. Алынған нәтижелер студенттердің салауатты өмір салтын қалыптастырудағы физикалық, психологиялық және әлеуметтік факторлардың өзара байланысын анықтауға мүмкіндік берді.

Түйін сөздер: WHOQOL-BREF (KAZ) шкаласы, білім алушы, спорт, білім, жоғары оқу орны, денсаулық пен амандық

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ФОРМИРОВАНИЕ ЗДОРОВОГО ОБРАЗА ЖИЗНИ У СТУДЕНТОВ: ЭКСПЕРИМЕНТАЛЬНАЯ РАБОТА И РЕЗУЛЬТАТЫ ИССЛЕДОВАНИЯ

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Аннотация. Актуальность темы исследования определяется, во-первых, необходимостью дальнейшего развития теории и методологии изучения здорового образа жизни, во-вторых, необходимостью выявления факторов, способствующих его развитию, в-третьих, важностью соблюдения студентами принципов здорового образа жизни, и, в-четвёртых, анализом формирования здорового образа жизни студентов вузов на основе показателей WHOQOL-BREF (KAZ). Цель данной научной статьи – разработка модели здорового образа жизни, направленной на формирование у обучающихся соответствующих установок, определение возможностей её применения в образовательном процессе, а также выявление факторов формирования здорового образа жизни у студентов вузов и путей их оптимизации на основе анализа показателей WHOQOL-BREF (KAZ). В статье научно обоснованы и проанализированы экспериментальные работы, направленные на формирование здорового образа жизни, а также исследованы полученные результаты. В ходе исследования широко применялись теоретические, эмпирические и статистические методы. С целью определения общего состояния здоровья, психологического и физического состояния студентов, а также их связи с социально-общественной средой была использована шкала оценки качества жизни Всемирной организации здравоохранения — WHOQOL-BREF (KAZ). В качестве объекта исследования выступили обучающиеся и преподаватели высших учебных заведений. Практическая значимость: результаты исследования позволяют усовершенствовать содержание эффективных программ и воспитательной работы, направленных на пропаганду здорового образа жизни в вузах, а также согласуются с национальными программами Республики Казахстан, такими как «Здоровая нация» и государственная стратегия «Саламатты Қазақстан», обеспечивая практическую основу для их реализации. В рамках исследования качество жизни, здоровье, социальные отношения и уровень социальной среды студентов оценивались по процентным показателям анкетирования. Полученные результаты позволили определить взаимосвязь физических, психологических и социальных факторов в процессе формирования здорового образа жизни студентов.

Ключевые слова: шкала WHOQOL-BREF (KAZ), студенты, спорт, высшее образование, здоровый образ жизни, качество жизни, здоровье и благополучие

Introduction. The issue of forming a healthy lifestyle (WHOQOL-BREF) KAZ based on the scale for students of the «Physical Education and Sports» educational program at universities (hereinafter referred to as HEIs) has led to the understanding of modern-day needs. To date, the lack of a scale to determine the level of adherence to a healthy lifestyle, the insufficient number of research studies conducted in the direction of promoting a healthy lifestyle, the limited understanding of this concept, and the low quality of life and life expectancy in the population are the basis for addressing this issue. Along with the development of technology and the growth of industrialization, the increase in the types of transportation, the

reduction of physical activity in daily life, the widespread use of computers and televisions, and the increased time spent on technological devices have positively influenced the quality of life but have had a negative impact on physical exertion and movement (Ahn, et al, 2025: 13). To address the relevant issues of the study, methodological, psychological-pedagogical, and sociological literature, official documents, observations, interviews, surveys, and mathematical analysis of research results were carried out and summarized.

As part of the study, a survey was conducted among students of the «Physical Education and Sports» educational program and other programs at HEIS. To collect data, a demographic form was used, including information on age, gender, family status, and course. During the research, the health, social, psychological, physical condition, and adaptability of students in the «Physical Education and Sports» program were determined, and the effectiveness of scientifically grounded recommendations was increased. The obtained results are being used by subject teachers and coaches at a professional level. The World Health Organization (WHO) has conducted international research on healthy lifestyle scales, and the research results from countries such as France, Canada, Malaysia, Brazil, the Netherlands, China, Italy, Turkey, and others have been analyzed to identify comparative differences (Aglago et al, 2025: 227). The Ministry of Education and Science of the Republic of Kazakhstan, together with the «National Scientific Practical Center of Physical Education» RSE, the Kazakh Academy of Sports and Tourism, and the «Higher School of Coaches,» is organizing qualification courses. Analytical research and experience exchange took place at the «Gazi University Sports Ability, Speed, Training, and Research Center» in Ankara, Turkey, as well as at the Belarusian State University of Physical Education (RZhMI). Currently, there are many tasks ahead to strengthen the healthy lifestyle of society, including monitoring health status and fostering it at a high level. To solve this issue, we aim to implement various innovative methods. In this regard, there is a need to develop a special mobile application (healthy lifestyle, hereinafter SosApp) to determine and enhance students' adherence to a healthy lifestyle.

The aim of the study is to collect samples from students of the 6B01405 - «Physical Education and Sports» educational program and introduce the (WHOQOL-BREF) KAZ scale into the sports sector of our country, as well as to create a healthy lifestyle model.

The research objectives are: 1.To conduct studies on the World Health Organization's (WHO) healthy lifestyle scale. 2.To introduce the World Health Organization's (WHOQOL-BREF) KAZ scale into the sports sector of our country and create a model.

Materials and methods of research. The study involved surveys conducted among students of the «Physical Education and Sports» educational program and other educational programs at HEIs, using both face-to-face and Google Forms. A demographic form was used to collect data on the number, gender, age, course, and family status of the participants. Currently, in foreign countries (France, Canada, Malaysia, Brazil, the Netherlands, China, Italy, Turkey, and other countries), research

on the level of forming a healthy lifestyle is being conducted, using adaptation and comparative methods to determine their similarities and differences. To assess the level of adherence to a healthy lifestyle among students in the «Physical Education and Sports» educational program at HEIs in Kazakhstan, a survey based on Google Forms was conducted, using the WHOQOL-BREF scale.

When developing the textbook «Methodology for Forming a Healthy Lifestyle» for the «Physical Education and Sports» program, analytical and diagnostic methods were used. One of the actively implemented innovative methods is the project-based digital method. The project method has many positive aspects: it helps develop healthy lifestyle skills, the system is directly aimed at society, and it allows for the formation of comprehensive thinking. Therefore, using the project-based digital method is effective in creating mobile applications for promoting a healthy lifestyle. Using this method, the SosApp (Healthy Lifestyle) mobile application was developed.

To determine the overall level of physical fitness of students in the 6B01405 – "Physical Education and Sports" educational program, a set of exercises was implemented using mathematical and statistical methods. To achieve the goal of creating the «Healthy Lifestyle» and «Healthy Family – Healthy Society» models, online seminars and consultations with parents were organized, and video lessons and presentations were shared. To assess students' views on the WHOQOL-BREF KAZ scale and their level of adherence to a healthy lifestyle, a screening model was applied. The study followed a relational model aimed at identifying the joint exchange between two or more variables, which is one of the screening models. In connection with this issue, scientific psychological-pedagogical literature was analyzed, and we familiarized ourselves with the practical activities of other countries. The study was conducted through comprehensive analysis. During the research, theoretical, empirical, and statistical methods were widely used.

Discussion. A healthy lifestyle (HLS) is the way of life that focuses on disease prevention and health enhancement in a person's daily life (Arshinova, 2023: 215). No matter how perfect medicine is, it cannot eliminate all diseases. A person is the creator of their own health, and it is necessary to fight for it. This includes all aspects of life, from nutrition to emotional well-being. A healthy lifestyle aims to completely change harmful habits related to nutrition, physical activity, and rest. The relevance of a healthy lifestyle is due to the increase in technogenic and ecological risks, as well as the complexity of social structures, which leads to an increase and change in the load on the human body (Ahtiyamova et al, 2022: 417).

Human health is the result of the complex interaction of social, environmental, and biological factors. The contribution of different influences on health is believed to be as follows (Figure 1).

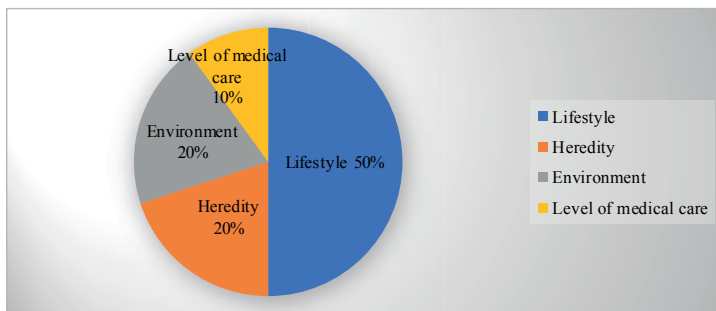


Figure 1. Proportion of various factors affecting health.

Many authors agree with this opinion. Therefore, there can be many causes for health deviations, but the most important is an incorrect lifestyle. The complex effects of various factors contribute to the exacerbation of health issues, thus reducing the functional reserves of the body. The factors that define different components of health may also be different. For example, physical health is more affected by the nutrition system, physical activity, hardening, and hygiene procedures; mental health is related to a person's relationship system with themselves, others, general life, life goals, values, and various personality traits; social health is related to professional self-identification, satisfaction with family and social status, flexibility of life strategies, and their adaptation to social conditions; spiritual health is defined by the morality, meaning, and completeness of life. In this case, the systemic unity, interconnection, and interaction of these factors are necessary.

Currently, several paradigms related to the issues of a healthy lifestyle can be distinguished (Oliver, 1997:31):

- Philosophical-cultural;
- Medical-hygienic;
- Physical education and wellness;
- Valuological;
- Psychological-pedagogical;
- Ecological-social (Figure 2).

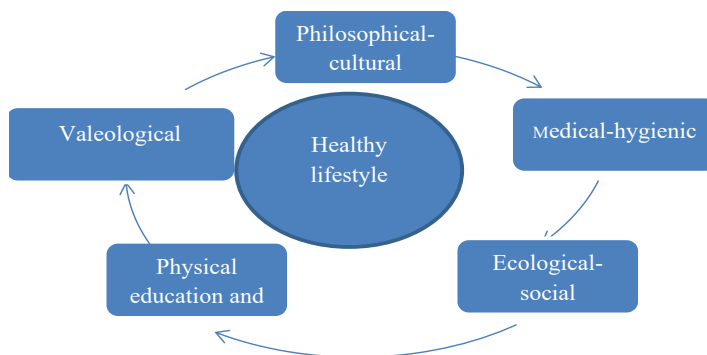


Figure 2. Paradigms of a Healthy Lifestyle

Each paradigm integrates different approaches to forming a healthy lifestyle, considering the historical development of knowledge about humans.

Within the philosophical-cultural paradigm, the issue of forming a healthy lifestyle is considered in the unity of the physical and spiritual components of a person.

In the modern interpretation of this paradigm, the focus is on methods to achieve a balance of good psycho-emotional and somatic well-being.

The health of youth is the guarantee of any state's future. The issue of forming a healthy lifestyle among university students is not only an important aspect of education but also crucial to improving public health. The student period is a time when an individual's physical, psychological, and social development is most intense.

The formation of a healthy lifestyle is based on an individual's value orientations and culture. In teaching students about a healthy lifestyle, the following theoretical approaches may be applied:

- **Behaviorist approach:** Motivational programs and methods for habit formation aimed at changing the behavior of young people.
- **Cognitive approach:** Providing students with correct information and explaining the importance of improving a healthy lifestyle.
- **Social support theory:** Promoting healthy habits through public and social groups (Eriş, et al, 2015).

International studies on healthy lifestyles and quality of life mostly focus on elderly people, patients, treatment processes, or individuals engaged in certain types of heavy work.

Arslantaş studied the quality of life of people over the age of 65. The study found that with increasing age, the internal dimensions of quality of life, except for the social aspect, significantly decreased (Arslantaş, et al, 2006:84).

In a study conducted at Uludağ University, Turkey, by Avcı and Pala, the lifestyle habits of specialist doctors and assistant doctors aged 23–36 were analyzed. The study showed that the quality of life of specialist doctors and fundamental medical staff was significantly higher. Additionally, there were no significant differences in quality of life based on gender (Avcı, et al, 2004: 82).

In his study, Balykhov analyzed the quality of life, health status, and medical-social conditions of individuals registered with a family healthcare institution in Ankara, for the group aged 18 and older. The study found that the quality of life of women aged 18–70 was significantly lower compared to men. Furthermore, it was noted that the ecological conditions of the place of residence affected the healthy lifestyle of young people aged 18–29 (Balykhov, 2022: 10).

Kobau conducted a study in the USA with 166,564 participants aged 18 and above, monitoring their emotional states, including distress and depressive moods, for the past 30 days. The study revealed that, on average, men consumed harmful substances for 1.7 days, experienced difficult physical conditions for 1.7 days, and had sleepless days for an average of 1.6 days in the past month (Kobau, et al, 2004).

Indian researchers (Kharshiing, et al, 2021: 77) studied the healthy lifestyle habits of students pursuing physical education and sports. The study highlighted

that personal hygiene significantly affected students' adherence to a healthy lifestyle. Indian researchers Kharshiing, K.D., Kashyap, D., Gupta, K., Khurshed, M., Shah Nawaz, M.G., Khan, N.H., Uniyal, R., and Rehman, U. (2021) conducted a study on quality of life during the COVID-19 pandemic, focusing on individual and group variables. Their study concluded that physical activity exercises played a crucial role in improving university students' adherence to a healthy lifestyle. In his textbook for university students, Chernosov (1999) identified several factors affecting students' healthy lifestyle, including socio-economic factors (15%), the educational environment (17%), health education (10%), psychological factors (10%), the environment (12%), physical activity (22%), and harmful habits (14%).

Konofeeva and Kazybaeva (2001), in their scientific conference report, discussed that a healthy lifestyle is aimed at improving a person's physical, psychological, and social condition. It is not just a medical prevention measure, but the basis for overall health maintenance and the extension of life. Adhering to a healthy lifestyle strengthens health and provides an opportunity for a long and active life. Beltikova (2023) listed the key processes involved in forming a healthy lifestyle for students at medical universities: education and information, increasing the role of universities, and providing psychological support to students.

The formation of a healthy lifestyle among students strengthens their physical and psychological health and fosters their future ability to live a full life. Universities and society must collaborate to create the conditions for young people to adopt a healthy lifestyle. This, in turn, will enhance the nation's well-being and contribute to the development of a healthy, high-quality life for the younger generation, which is the future of the country.

Based on a thorough analysis of the research works of the aforementioned scientists, it was noted that the formation of a healthy lifestyle was conducted using the «WHOQOL-BREF» scale in 23 countries. In our research, we developed the «WHOQOL-BREF (KAZ)» version and identified the indicators and criteria for a healthy lifestyle among university students. Additionally, we formulated five new directions for developing a healthy lifestyle among youth: «health status,» «psychological condition,» «social relationships,» «physical condition,» and «public environment.» The degree of influence of various factors on the healthy lifestyle of Kazakhstan's youth and ways to optimize it were clarified. A deep analysis of the formation of a healthy lifestyle among student youth was conducted based on the indicators of the «WHOQOL-BREF (KAZ)».

University education is a suitable and long-term period for forming students' need for a healthy lifestyle. This requires the development of a pedagogical model for forming a healthy lifestyle in physical education classes. One of the tools for managing the educational process is modeling, so it is appropriate to implement the process of forming a healthy lifestyle through a model. In the literature, the concept of «model» is usually considered as a prototype or structure. Broadly, a model is understood as any representation (mental or conditional: a picture, description, diagram, plan, map) of an object, process, or phenomenon (the original of the model). It is used as a substitute for the original.

The model must align with the goals, nature, and laws of human life. It should determine the level of development of the individual's special abilities, personal traits, interests, and inclinations, and ensure that the necessary results are achieved in preserving and improving health throughout the individual's life. In the theoretical foundation for creating a model for forming a healthy lifestyle in physical education classes, we examined the various aspects of pedagogical modeling and emphasized its importance in the educational process. In the context of researching education systems, we based our understanding of the methodology for modeling on the accepted goals, content, methods, tools, and results of the educational process in pedagogical science.

A model loses its meaning when it is identical to the original (in this case, it stops being a model) or when there are significant differences from the original in important aspects. Thus, studying some aspects of the model involves excluding others. Therefore, any model can only replace the original in a strictly limited sense. In the second stage, the model is considered as an independent object of research. One form of such research is conducting «model» experiments, in which the working conditions of the model are consciously altered, and data about its «behavior» are systematized. The result of this stage is the accumulation of knowledge about the model.

In the third stage, the knowledge about the model is transferred to the original, i.e., a body of knowledge is formed. Knowledge about the model should be adjusted according to the characteristics of the original object, which were not specified or altered during the creation of the model. The fourth stage involves practical testing of the knowledge obtained through the model and using it to construct, modify, or control the general theory of the object.

Kugaenko A.V. divides modeling into static and dynamic, statistical and deterministic, linear and nonlinear categories depending on the class of models (Glinski, 2022: 123). In our research, we analyzed the modeling process for creating a pedagogical model to form a healthy lifestyle in physical education classes. The main stages, content, and interconnections of this process were identified. The structure of the modeling process was considered according to the scheme proposed by B.G. Glinsky (Figure 3).

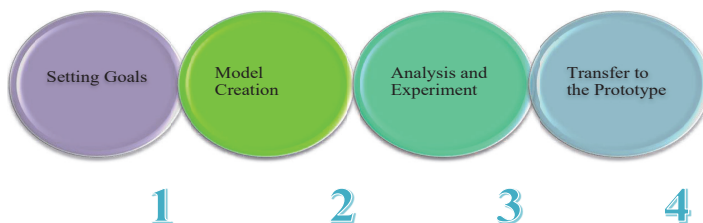


Figure 3. The diagram proposed by B.G. Glinsky.

It consists of the following stages:

- The first stage – setting goals and objectives, justifying the principles of existing theory and practice;

- The second stage – creating an adequate model (selection);
- The third stage – further theoretical analysis and experimental verification of the developed model;
- The fourth stage – transferring the knowledge obtained during the research to the prototype.

The modeling process involves a subject studying the patterns of phenomena or processes, the research object (prototype), and the model, which is a tool that indirectly represents the relationships of the object.

The main model for preparing the formation of a healthy lifestyle is the unity of the worldview, intellectual, and physical components in the process of forming a healthy lifestyle for students, which defines the educational, methodological, and practical directions of the pedagogical process.

Psychology defines the main function of the psyche as the direct management of human actions. This is based on the structure of any action process. The mechanism of direct action control in the psyche is divided into five blocks:

- Each purposeful action should be based on the subject's internal motivation. Forming this motivation is the first task of the psyche's controlling subsystem.
- The motivation of the action process must be directed towards setting goals, creating plans, programs, and technologies for action.
- The strategy and tactics of the activity can only be realized if there is a certain operational base, which helps to directly execute the action. Therefore, the psyche must ensure that the subject masters the mechanisms of execution and can apply them.
- A specific activity becomes meaningless without the necessary energy resources, including psychological resources. This leads to the need to find a special energy block in the psyche that provides energy to the system.
- An activity cannot be a self-regulating system unless the subject can obtain information about the efficiency of their actions and, based on this information, adjust the functioning of all the above blocks.
- In this regard, in our upcoming work, we have created a model for forming a healthy lifestyle for students in physical education classes (Figure 4).

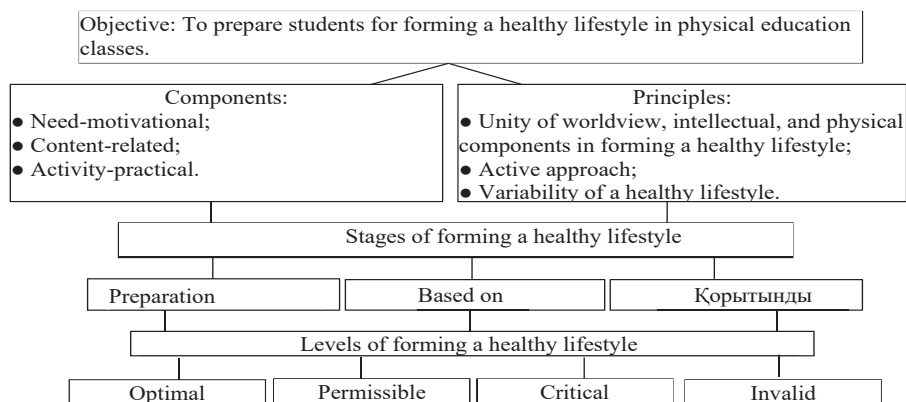


Figure 4. Model of forming a healthy lifestyle for students in physical education classes.

The model of an active approach to forming a healthy lifestyle is characterized by involving students in the process of physical self-education and self-development. The implementation of this model aims to solve active learning tasks, demonstrate the initiative of participants, their creative thinking, and the appropriate level of intellectual abilities in organizing a healthy lifestyle. Thus, this model is based on the idea of continuous physical education for students. Its essence lies in teaching self-care for health through the use of methods for lifelong self-education and self-improvement.

Results. In order to achieve the results of the experiment and research related to the formation and definition of a healthy lifestyle among university students, a special scale was used in our scientific research.

The «Healthy Lifestyle Scale (WHOQOL-BREF) KAZ» identifies a person's life attitudes in connection with the culture and value system they live in, along with their goals, expectations, conditions, and interests. Additionally, this scale covers a wide range of issues arising from an individual's overall health status, psychological condition, social relationships, physical condition, and interaction with the public environment. The results of the scientific research are presented in Figures 5-6-7-8-9.

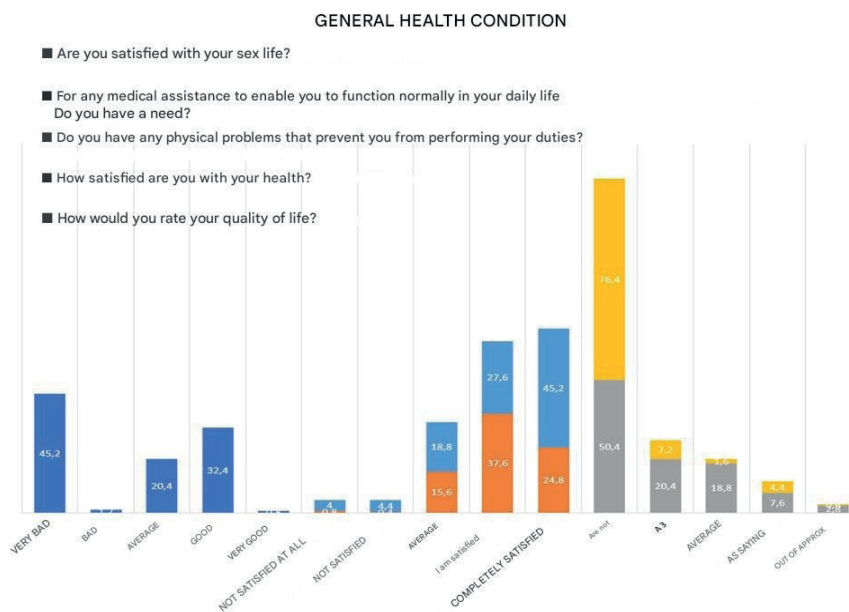


Figure 5. Results of respondents' overall health status

The diagram above presents the results of questions such as «How would you rate your quality of life?», «How satisfied are you with your health?», «Do you have any physical limitations that interfere with performing the tasks assigned to you?», «Do you need any medical assistance to perform your daily activities?», and «Are you satisfied with your sexual health?» These results are shown in percentage (%).

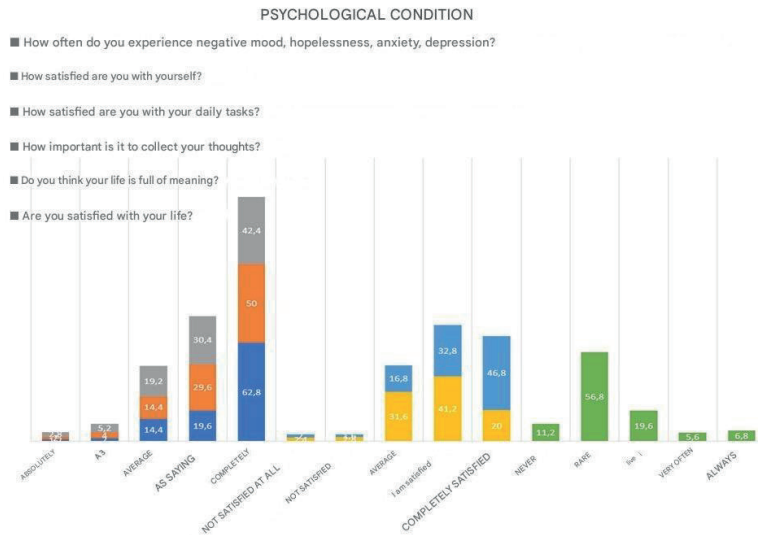


Figure 6. Results of learners' psychological condition

The diagram above presents the results of questions such as «Are you satisfied with your life?», «In your opinion, is your life meaningful?», «How much do you value organizing your thoughts?», «How satisfied are you with performing the tasks assigned to you on a daily basis?», «How satisfied are you with yourself?», and «How often do you experience negative moods, hopelessness, anxiety, or depression?» The answers to these questions are presented in percentage (%) (Figure 7).

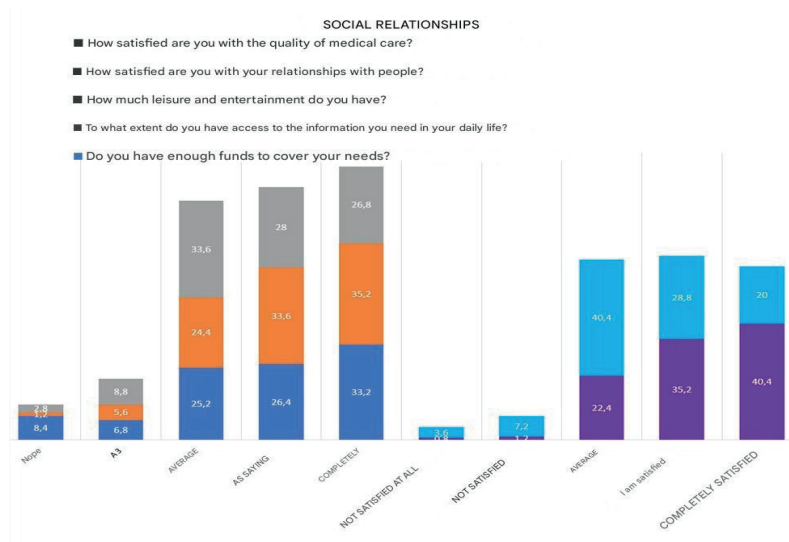


Figure 7. Results of the survey on social relationships of the learners who participated in the study

As shown in Figure 7, a survey was conducted on 5 questions to study the social relationships of students: «Do you have enough money to meet your needs?», «How much access do you have to the necessary information in daily life?», «How much opportunity do you have for rest and entertainment?», «How satisfied are you with your relationships with others?», and «How satisfied are you with the quality of medical services?» The results of these questions are presented in percentage (%)

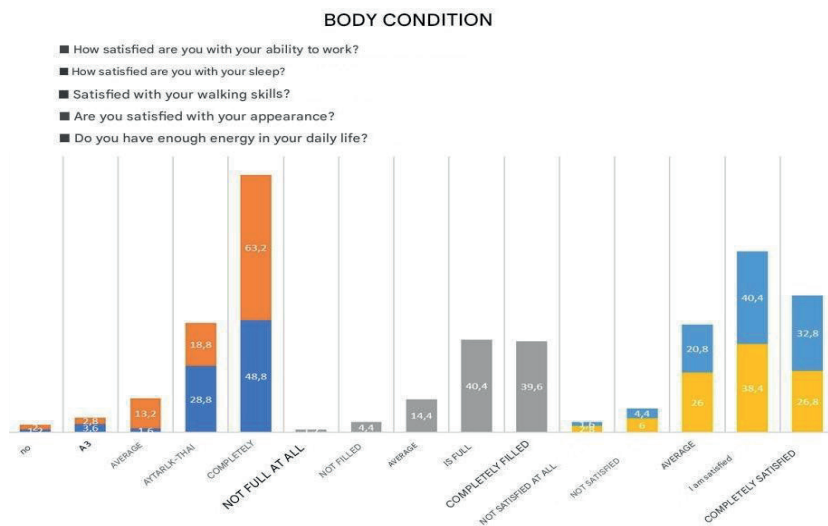


Figure 8. Results of the physical condition of the learners

As shown in Figure 8, the chart presents the results of questions aimed at assessing students' physical condition and daily lifestyle. The questions included: «Do you have enough energy for daily life?», «Are you satisfied with your appearance?», «Are you satisfied with your walking ability?», «How satisfied are you with your sleep?», and «How satisfied are you with your ability to work?» The results of these questions, presented in percentage (%), are shown in Figure 9.

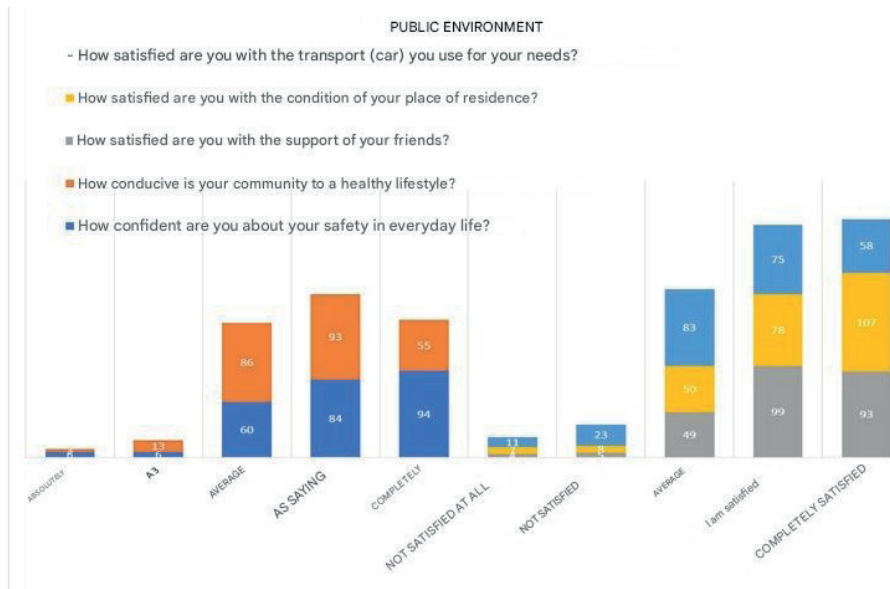


Figure 9. Results of the participants' responses on the social environment conditions

Figure 9 presents the results of the questions aimed at determining the social conditions in students' daily public environment. The questions included: «How confident are you in your safety in daily life?», «How well does your public environment align with a healthy lifestyle?», «How satisfied are you with the support from your friends?», «How satisfied are you with the living conditions in your area?», and «How satisfied are you with the transport you use for your needs?» The students' responses were evaluated based on the answers «Not at all, A little, Moderately, Significantly, Completely» and «Not satisfied at all, Unsatisfied, Neutral, Satisfied, Fully satisfied,» with the results shown in percentage (%).

Conclusion. Health is directly linked to a person's lifestyle and social well-being. Work and rest regimes, daily routines, nutrition, sleep, and harmful habits all influence the development of health and can have a destructive impact. Developing a socially active, harmonious individual is only possible when adhering to a healthy lifestyle.

Irregular nutrition, environmental hazards, and psycho-emotional stress are among the significant diseases of modern civilization. Western scientists believe that a decrease in the incidence of disease can be achieved by addressing risk factors in advance. This primarily involves following a healthy lifestyle. The foundation of a healthy lifestyle includes not only abstaining from harmful habits and maintaining a proper diet, daily routines, and sleep schedules but also engaging in physical exercise and sports. This enables young people to overcome stress and increases individual responsibility for their health.

The implementation and promotion of a healthy lifestyle began in the 1970s in countries such as the United States, Finland, West Germany, and Japan. Along with

a set of measures aimed at neutralizing pathogenic risk factors, this approach helped reduce the level of cardiovascular diseases by nearly 40%. Many factors influence the formation and development of a healthy lifestyle. These include economic, ecological, social, informational, and political factors. For example, the public's idea of the ideal healthy person is shaped by society's lifestyle. The image of a healthy person, which was established after the war and existed for nearly 40 years, was altered in the late 1980s. Initially, according to lifestyle, this image included features such as rosy cheeks, a figure that was considered non-standard by today's standards, a well-nourished body, etc. As a result of social changes, the public's understanding of a healthy person has shifted. Nowadays, for instance, excess weight is considered incompatible with the image of a healthy individual.

Informational factors have a significant impact on the formation of a healthy lifestyle. Medical education has led to changes in people's understanding of proper nutrition. The links between various types of nutrition and diseases have been identified, which has affected life expectancy. Today, the demand for ecologically clean food is steadily increasing. In European countries, a large portion of the population with higher incomes is willing to pay more for vegetables and fruits grown without chemicals. Products with reduced levels of fat, salt, and sugar are becoming popular. Currently, the health condition of young people is an important indicator of public development. It reflects the country's social, economic, and sanitary-hygienic well-being and is the key to society's economic, defense, labor, and cultural potential.

Young people are considered the healthiest category of the population. However, during their student years, the growth rate of nearly all categories of diseases is high. Young people often do not recognize or have an unclear understanding of the connection between social success and health. They tend to rely on their abilities, talents, and health, often overusing them. Furthermore, sociological studies have shown that the majority of young people understand the need for a healthy lifestyle but fail to consistently apply its principles. Another aspect of the issue of forming a healthy lifestyle is that although young people understand the value of health, they are often unaware of its components and do not prioritize it in their personal beliefs.

In our country, health has been traditionally accepted as an instrumental value without fundamental characteristics. When evaluating people's health, motives related to life experiences tend to dominate. People do not associate health with life prospects. Young people tend to view their health as an unlimited resource that allows them to live in the present moment. That is, as long as they are able to work, they consider themselves healthy. This attitude creates an exploitative relationship with their health. In the context of the study, the level of students' quality of life, health, social relationships, and social conditions in their daily public environment was assessed through a survey using percentage indicators. The obtained results enabled the identification of the interrelationship between physical, psychological, and social factors in shaping students' healthy lifestyles.

In conclusion, the unity of worldview, intellectual, and physical components in

the formation of a healthy lifestyle, as well as the variability of a healthy lifestyle, led to the development of a model for young people's attitude toward a healthy lifestyle. These models are associated with the degree of interest in a healthy lifestyle, the understanding of the need for holistic personal development, and the implementation of these views in everyday life.

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