

ORIGINAL ARTICLE

Dynamics of motivational and value attitude of students of the problem of health and a healthy lifestyle

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ABSTRACT

Aim: The aim of the study is to determine the dynamics of motivational and value attitude of students of the problem of health and a healthy lifestyle.

Materials and Methods: The material for analysis was the results of a survey of students of the Educational and Scientific Institute of Physical Culture of Sumy State Pedagogical University named after A. S. Makarenko held during 2020-2023. Students of the 1st-4th courses of the 017 «Physical Culture and Sports» and 227 «Therapy and Rehabilitation» specialties took part in the comparative cross-sectional study. The experiment consisted of two stages. 412 students took part in the first stage and 395 students took part in the second. The first stage of the survey was conducted before starting the study of disciplines, the subject of research of which is directly or indirectly related to health, and the second was conducted after the completion of the study of these disciplines. Research methods: theoretical, empirical, methods of statistical data processing.

Results: The results of the study indicate the presence of significant interest of students in the problem of health and a healthy lifestyle. If before the start of the experiment the number of students who were interested in health problems was 55.09%, then after the experiment their number increased to 78.48% ($p<0.01$).

Conclusions: According to the students, the leading fields of knowledge in terms of their competence and potential impact on health are: medicine, physical culture and sports, valeology and psychology.

KEY WORDS: health, healthy lifestyle, knowledge, motivation, academic disciplines, students

Acta Balneol. 2024;67(3):164-173. doi: 10.36740/ABAL202403103

INTRODUCTION

Among the global challenges humanity faces at the current stage of development, it is important to determine priorities and focus on solving problems that in the future affect the existence of society as a whole. One of these challenges is the problem of youth health, which is of particular concern today. The situation has become more complicated due to political, economic, and demographic problems, which are also a significant factor in the negative impact on the health of children and student youth. Research results indicate that the state of health of students is very unsatisfactory. Researchers record the presence of a significant number of disorders in their state of health. This is not least due to the low level of their functional potential and physical fitness. Factors of negative impact on the health of young people are permanent emotional and mental stress, informational stress, low level of physical activity, insufficient financial and material security, bad habits, etc. [1-3].

A successful solution to health problems requires a comprehensive approach, which is based on understanding the essence of individual health, knowledge of the mechanisms of health, factors and processes that determine this state [4]. From the point of view of pedagogical practice, human health as a link of the socio-natural system depends, first of all, on human behavior, lifestyle [5], the level of general culture and the culture of health as its component [6]. Health practice involves individual activities related to the observance of the rules and norms of a healthy lifestyle, the formation of a valuable attitude to health.

Therefore, the process of reforming education should contribute to the search for new forms and methods of learning, related not only to a more successful acquisition of accumulated knowledge, but also to the formation of a culture of health in students, the development of creative health thinking, the ability to perceive and follow in practice the rules and norms of a healthy lifestyle [7].

Preservation and strengthening of the health of student youth should be carried out on the basis of improving the forms, methods, and means of the educational process, taking into account the modern conditions of the educational process in accordance with the realities of life, the socio-economic requirements of society and the state, which

are constantly changing. Therefore, the primary task of the educational community is to ensure the intellectual and physical development of the individual, taking into account his needs, abilities, value orientations, which make it possible to successfully realize his professional potential, while preserving and even increasing his health reserves [8-10].

AIM

The aim of the study is to determine the dynamics of motivational and value attitude of students of the problem of health and a healthy lifestyle.

MATERIALS AND METHODS

The material for analysis was the results of a survey of students of the Educational and Scientific Institute of Physical Culture of Sumy State Pedagogical University named after A. S. Makarenko held during 2020-2023. Students of the 1st-4th courses of the 017 «Physical Culture and Sports» and 227 «Therapy and Rehabilitation» specialties took part in the comparative cross-sectional study, who answered nine homogeneous in their totality questionnaire questions related to: interest in health problems; assessment of one's own health (self-assessment taking into account both objective and subjective indicators known only to respondents); level of awareness in health issues; practical use of knowledge about health in everyday life; by the degree of competence and relevance of various spheres and branches of knowledge to the health problem; the most important health factors; conditions and factors that prevent health care; relevance of knowledge about health for modern society.

The hypothesis of the research was formulated, which lies in that the dynamics of motivational and value attitude of students of the Educational and Scientific Institute of Physical Culture to the problem of health and a healthy lifestyle will be effective if following mastering by students of academic disciplines, the subject of which is related to the health of the human body, which will contribute to the formation of a valuable attitude to health and stimulate the practical use of health-improving means.

The experiment consisted of two stages. 412 students took part in the first stage and 395 students took part in the second. The first stage of the survey was conducted before starting the study of disciplines, the subject of research of which is directly or indirectly related to health, and the second was conducted after the completion of the study of these disciplines. The decrease in the number of students who participated in the experiment occurred for objective reasons, some of them were excluded, some could not participate in the survey because they went abroad. Among such disciplines, first of all, there were: «Fundamentals of a healthy lifestyle», «Fundamentals of individual health», «Health management», «General theory and diagnosis of the state of health», «Health and functional fitness», «Therapeutic exercises» etc.

The purpose of the first stage of the survey was also to find and implement the most effective pedagogical forms and tools that contribute to the actualization of knowledge about health, the successful mastering of relevant practical skills and abilities that become components of a healthy lifestyle, and therefore influence the formation of a culture of health in student youth. Thus, an exclusive pedagogical experiment was carried out, the second stage of which was the correction and improvement of interactive teaching methods during the teaching of the specified disciplines. At the same time, the results of the experiment made it possible to carry out a comparative analysis and find out the qualitative characteristics of these changes.

At different stages we have used such *set of research methods*:

- *theoretical* – methods of conceptual and comparative analysis, which compared the existing theoretical approaches on the basis of generalization of philosophical, methodological, psychological, pedagogical, educational literature; method of structural-system analysis and modeling;
- *empirical* – methods of collecting information (questionnaires, surveys, pedagogical testing), analysis of learning outcomes, interviews, methods of expert assessment, self-assessment, generalization of independent characteristics; ascertaining, formative, and control stages of pedagogical experiment, methods of clarity;
- *methods of statistical data processing* – for processing experimental data, their quantitative and qualitative analysis. They were used to identify the reliability of the difference between the studied indicators, the correct processing of the results, reflecting them in tabular forms, conducting experimental testing; descriptive statistics – relative values (percentages) should be accompanied by error data (±), confidence limits, etc., determination of the statistical significance of differences between groups by Fisher's angular transformation method.

RESULTS

In order to assess the attitude of students to their own health and many aspects of the mentioned problem, we formulated questions for the questionnaire and offered options for answers. The results of the answers to the first question before the pedagogical experiment (before the study of health-oriented disciplines) indicate the presence of significant interest of students in the health problem. The number of those who answered that they were very interested in this problem was 227 people, or (55.1%). In addition, 134 respondents (32.52%) answered that they were interested in this problem, but not so much that it is constantly in the center of their interests. 51 respondents (12.37%) from among those surveyed were interested in their health in periods when problems arise with it.

Significant changes occurred after the experiment. In particular, the share of those interested in health problems increased from 227 (55.09%) to 310 (78.48%) people ($p<0.01$). Accordingly, the number of students who are less interested in this issue decreased from 134 (32.52%) to 80 people (20.25%) ($p<0.05$), and those who are interested in health only in periods when problems arise decreased from

51 (12.37%) to 5 (1.27%) people (p<0.01). Thus, all interviewed students, to one degree or another, at different times, but are interested in the health problem. It is noteworthy that not a single respondent, both before and after the experiment, indicated that he was not interested in the health problem at all (Table 1).

The second question concerned the assessment of one's own health. According to the results of the first stage of the survey, the majority of students (65.29%) consider themselves healthy. At the same time, almost 11% of young people (45 people) answered this question negatively. In addition, 98 students (23.79%) found it difficult to answer this question. Perhaps their health problems are not serious enough to significantly affect their quality of life compared to those who clearly answered that they do not consider themselves healthy, but such numbers are a good reason for concern, because our respondents are between 18 and 23 years old. And among these young people, the total share of those who cannot confidently say about themselves that he (she) is completely healthy is almost 35%. After the experiment, the indicated parameters did not change (p>0.05) (Table 2).

The third question determined the self-assessment of students regarding their knowledge of health (Table 3). During the first stage of the survey, 88 respondents (21.36%) considered themselves sufficiently knowledgeable about health issues. Insufficient awareness was indicated by 51 students (12.38%). The vast majority of students (273 people) determined their awareness only within the limits of certain questions.

After the experiment, the number of students who consider themselves sufficiently knowledgeable about health issues increased from 88 (21.36%) to 142 people (35.95%), and the share of those who do not consider themselves sufficiently knowledgeable decreased from 12.38% to 4.05%. Of course, the results of this survey reflect the personal and, therefore, subjective opinion of each respondent. To what extent it is consistent with the real, objective level of their awareness, only an expert assessment can determine.

Since knowledge about health is important only if it is applied practically, so the fourth question concerned the implementation of theoretical knowledge in everyday practice (Table 4). Before the experiment, 126 respondents

Table 1. Interest in a health problem

Questionnaire questions and answer options	Results				
How interested are you in human health?	Before the experiment		After the experiment		p
	n	%	n	%	
Very interested	227	55.09	310	78.48	<0.01
Interested, but it is not the focus of my interests	134	32.52	80	20.25	<0.05
Interested only in periods when health problems arise	51	12.37	5	1.27	<0.01
Not interested at all	0	0	0	0	

Table 2. Self-assessment of students' health status

Questionnaire questions and answer options	Results				
Do you consider yourself a healthy person?	Before the experiment		After the experiment		p
	n	%	n	%	
Yes	269	65.29	253	64.05	>0.05
No	45	10.92	43	10.89	>0.05
Hard to answer	98	23.79	99	25.06	>0.05

Table 3. Self-assessment of health awareness

Questionnaire questions and answer options	Results				
Do you consider yourself sufficiently knowledgeable about health issues?	Before the experiment		After the experiment		p
	n	%	n	%	
Yes	88	21.36	142	35.95	<0.01
No	51	12.38	16	4.05	<0.01
Only in certain issues	273	66.26	237	60.00	<0.05

Table 4. Practical use of health knowledge

Questionnaire questions and answer options	Results				
Do you use health knowledge in your own daily life practice?	Before the experiment		After the experiment		p
	n	%	n	%	
Yes	126	30.58	211	53.41	<0.01
No	23	5.58	0	0	<0.01
Partially	218	52.91	163	41.27	<0.01
Episodically	45	10.92	21	5.32	<0.01

(30.58%) answered the question in the affirmative. 23 students (5.58%) reported that they do not apply knowledge about health at all. The largest number of students (218 people, or 52.91%) indicated that they use it partially, and 45 (10.92%) respondents indicated that they used it sporadically. Therefore, this survey gives reasons to claim that the vast majority of students (389 people or 94.41%) practically use knowledge about health. We are talking about those who apply them both on a permanent basis and partially or episodically.

After the experiment, the share of students who use the acquired knowledge increased significantly from 126 (30.58%) to 211 (53.41%) people ($p<0.01$). Accordingly, the number of those who applied their knowledge partially (from 218 (52.91%) to 163 (41.27%) persons) or episodically (from 45 (10.92%) to 21 (5.32%) persons) decreased ($p<0.01$). It is also important that at the second stage of the experiment there was not a single respondent who did not use his knowledge about health.

The fifth question aimed to find out the degree of competence and relevance of various spheres (fields of knowledge) to the health problem in the students' perception (Table 5). The peculiarity of this survey was that the respondents had the opportunity to choose one or more answers, which was used by the majority of the respondents, as well as to offer their own option, not specified in the questionnaire. In total, students marked 1,036 options, which is an average of about 2.5 answers per respondent. The option «Medicine» received the highest number of marks, which was indicated by 320 respondents, i.e. 77.67%. And for 65 people (15.77%) this is the only answer among all the ones offered. Physical culture and sports were preferred by 252 people, or 61.16% of the respondents, 19 of whom (4.61%) marked it as the only plausible option. 147 (35.68%) people indicated valeology, of which 13 (3.15%) marked it as the only option. Psychology was one of the important options for 139 students (33.74%). The rest of the answers showed a much smaller number of preferences. 28 students (6.8%) used the «Your option» answer. The most typical answers were: «All the specified areas should participate in health care», «Each area is certain knowledge about health, therefore it is important to know all», «Each person's personal responsibility», «a comprehensive approach, each area competence is important in human health», «all these sciences complement themselves in the field of health competence».

After the experiment, there were some changes in the students' perception of the competence of various fields and their possibilities in terms of impact on health. In particular, the positions of physical culture and sports (from 252 to 187 people) and valeology (from 147 to 95 people) decreased significantly ($p<0.01$). Instead, the role of psychology increased slightly (from 139 to 163 people) ($p<0.05$). Biology almost did not change its position (85 before and 68 after the experiment) ($p>0.05$). The role of pedagogy decreased significantly (from 53 to 26 people) ($p<0.01$). The number

Table 5. Competence (relevance) of various fields of knowledge to the health problem

Questionnaire questions and answer options	Results				
In your opinion, knowledge about health is an area of competence:	Before the experiment		After the experiment		p
	n	%	n	%	
Medicine	320	77.67	295	74.68	>0.05
Physical culture and sports	252	61.16	187	47,34	<0.01
Valeology	147	35.68	95	24.05	<0.01
Psychology	139	33.74	163	41.27	<0.05
Biology	85	20.63	68	17.22	>0.05
Pedagogy	53	12.86	26	6.58	<0.01
It is difficult to answer	12	2.91	5	1.27	<0.05
Your option	28	6.8	148	37.47	<0.01

of supporters of medicine decreased slightly (from 320 to 295 people) ($p>0.05$). At the same time, the number of students who indicated their option increased significantly (from 28 to 148 people, or 37.47%) ($p<0.01$). Their answers are similar to those given above. So, it can be said that after the experiment, critical thinking is formed in a large part of the students and more supporters of the integrated approach in solving health-related issues appear.

Thanks to the sixth question, we found out the priority spectrum of factors, which, in the students' opinion, is the most important and effective in terms of impact on health. Respondents were asked to choose 3 of the specified factors, which, in their opinion, are the most important (Table 6). There was also an opportunity to express your own opinion (your option). The leaders among these factors were: «Nutrition» (239 people, or 58%), «Day mode, rest, good sleep» (170 people, or 41.26%) and «Heredity» (166 people, or 40.29%). Students also attach importance to psycho-emotional state (164 answers, or 39.8%), physical culture (147 answers, 35.68%) and the absence of bad habits (113 answers, 27.43%). Sport in this rating took the seventh position with the result of 110 answers (26.7%).

Therefore, in choosing the most influential factors of health, the student audience prefers, first of all, body-oriented practices, because such an option as spirituality attracted the attention of only 9 (2.18%) respondents. At the same time, tempering remained underestimated (11 supporters, or 2.67%), which is inconsistent with the actual use of tempering procedures, as stated by 47 respondents.

After the experiment, the number of supporters of nutrition increased significantly (from 239, or 58% to 269, or 68.1%) ($p<0.01$). Pharmacology and modern medical technologies somewhat strengthened their positions, while sports, ecology and the state of endoecology, on the contrary, decreased their rating ($p<0.05$). The number of those who expressed a personal opinion increased significantly (from 9 to 21) ($p<0.01$). The most characteristic answers were the following: «Healthy lifestyle without bad habits», «All of the above», «From lifestyle, workload, specifics of work, which determine nutrition, sleep, rest and emotions», «All the indicated factors are important, because each of them has a specific effect on body and health». The rest of the factors did not undergo significant changes.

The purpose of the seventh question was to find out the range of means used by our students to strengthen their own health (Table 7). In this survey, respondents also had the opportunity to choose one or more answer options. According to the results, the most rated were: nutrition (239 answers, or 58% of the respondents); lifestyle without harmful habits (205 (49.76%) responses); sports (205 (49.76%) answers). 177 (42.96%) respondents are engaged in physical culture and for 21 (5.1%) of them this tool is the only option for improving health among all the listed. A significant number of students (83 (20.15%)) indicated that they use pharmacological preparations. Moreover, for 17 (4.13%) respondents, this option was the only answer among all those mentioned. The total number of responses was 1094 (the average indicator is 2.66 responses per respondent).

After the experiment, the «Sport» option significantly lost its position (from 205 to 142 respondents), instead, the number of supporters of physical culture (from 177 to 216 people) and psycho-emotional practices (from 102 to 142 people) increased ($p<0.01$). The number of supporters of a healthy lifestyle (from 205 to 221), cleansing the body (from 34 to 47), and the number of those using pharmacological preparations (from 83 to 58) decreased ($p<0.05$). The rest of the positions did not undergo significant changes. The total number of responses was 1105 (an average of 2.8 responses per respondent).

Table 6. The most important health factors

Questionnaire questions and answer options	Results				
Among the listed factors of influence on human health, choose 3, which, in your opinion, are the most important and effective	Before the experiment		After the experiment		p
	n	%	n	%	
Nutrition	239	58.00	269	68.10	<0.01
Day mode, rest, good sleep	170	41.26	168	42.53	>0.05
Heredity	166	40.29	147	37.22	>0.05
Psychoemotional state	164	39.80	147	37.22	>0.05
Physical culture	147	35.68	132	33.42	>0.05
Absence of bad habits	113	27.42	105	26.58	>0.05
Sports	110	26.70	79	20.00	<0.05
Ecology and state of endoecology	62	15.04	42	10.63	<0.05
Pharmacology and modern medical technologies	25	6.07	37	9.37	<0.05
Hardening	11	2.67	16	4.05	>0.05
Spirituality	9	2.18	10	2.53	>0.05
Your option	9	2.18	21	5.32	<0.01

Table 7. Means of improvement in one's own practice

Questionnaire questions and answer options	Results				
In your own health promotion practice, you use:	Before the experiment		After the experiment		p
	n	%	n	%	
Nutrition	239	58	237	60.00	>0.05
A lifestyle without bad habits	205	49.76	221	55.95	<0.05
Sports	205	49.76	142	35.95	<0.01
Physical culture	177	42.96	216	54.68	<0.01
Psycho-emotional practices (positive emotions, imagery and volitional moods, self-training, prayer, meditation, etc.)	102	24.76	142	35.95	<0.01
Pharmacological preparations	83	20.15	58	14.68	<0.05
Hardening procedures	47	11.4	37	9.37	>0.05
Cleansing the body	34	8.25	47	11.90	<0.05
Your option	2	0.49	5	1.27	>0.05

It is noteworthy that before the experiment, two students (0.49%) indicated in their own answers that they did not practice any health care products, but after the experiment, 5 students (1.27%) indicated that their health program «includes all options in a complex».

The eighth question related to the conditions and factors that prevent students from taking care of their health (Table 8). At the beginning of the experiment, laziness was the leader among the specified factors with 288 answers (almost 70% of respondents). Moreover, for 85 (20.63%) students, this was the only stated reason. 167 (40.53%) respondents complained about being busy with cases, lack of time, and for 66 (16%) people it is only one reason. 100 people (24.27%) had an insufficient level of knowledge and feared of harming their health, and 34 (8.25%) of them had this option as the only answer. 38 (9.22%) respondents expressed confidence in the effectiveness of drugs and the possibilities of modern medicine, and 17 (4.13%) of them marked it as the only possible option. 34 (8.25%) respondents gave their own answers. Their generalized meaning can be formulated as follows: «Nothing is in the way, I take good care of my health»; «When it comes to health, nothing should stand in the way». A small number of respondents, namely 6 people (1.46%) are sure that any efforts in this direction are useless and will not change anything. The total number of responses is 703, i.e. 1.7 per respondent.

It is important to note that after studying health-related disciplines, the number of students for whom laziness is the main obstacle on the way to health has significantly

Table 8. Factors hindering health care

Questionnaire questions and answer options	Results				
What prevents you from taking care of your health?	Before the experiment		After the experiment		p
	n	%	n	%	
Laziness	288	69.9	137	34.68	<0.01
Workload, lack of time	167	40.53	216	54.68	<0.01
Insufficient level of knowledge and fear of harming health	100	24.27	47	11.9	<0.01
Belief in the effectiveness of drugs and the possibilities of modern medicine	38	9.22	5	1.27	<0.01
The influence of the environment, circles of friends who are indifferent to health	30	7.28	16	4.05	<0.05
Lack of desire to engage in health care activities	21	5.1	11	2.78	<0.05
Loss of the meaning of life, lack of satisfaction with life, spiritual discomfort	19	4.6	16	4.05	>0.05
Confidence that any efforts in this direction are useless and will not change anything	6	1.46	5	1.27	>0.05
Your option	34	8.25	53	13.41	<0.01

Table 9. Importance of health knowledge for society

Questionnaire questions and answer options	Results				
As far as. In your opinion. is knowledge about health important and necessary for our society?	Before the experiment		After the experiment		p
	n	%	n	%	
Very necessary	389	94.41	384	97.21	<0.05
Not needed	2	0.49	0	0	<0.05
It is difficult to answer	21	5.1	0	0	<0.01
Your option	0	0	11	2.78	<0.01

decreased (from 288 to 137 people) ($p<0.01$). At the same time, the number of students for whom workload became an obstacle had increased (from 167 to 216 people) ($p<0.01$). Also, the share of those who were hindered by an insufficient level of knowledge and fear of harming their health decreased (from 100 (24.27%) to 47 (11.9%) people), conviction in the effectiveness of medicines and the possibilities of modern medicine also decreased (from 38 (9.22%) to 5 (1.27%), the influence of the environment, circles of friends who are indifferent to health lowered (from 30 (7.28%) to 16 (4.05%) people), lack of desire to engage in health also decreased (from 21 (5.1%) to 11 (2.78%) persons). After the experiment, significantly more students, namely 53 (13.41%), formulated their own answer to the question, where they indicated a point of view similar to the previous ones.

The questionnaire was completed by a question about the importance of health knowledge for society (Table 9). Before the experiment, the vast majority of respondents, namely 389 (94.41%) indicated that such knowledge was very necessary. Two students (0.49%) indicated that it was not needed. It was difficult for 21 respondents (5.09%) to answer. None of the respondents gave their own version of the answer to the experiment.

After the experiment, the opinions of our respondents underwent some transformation. In particular, none of the respondents indicated that society does not need knowledge about health, and there were no respondents who found it difficult to answer this question. The number of those who believe has significantly increased. that this knowledge is very necessary ($p<0.05$). 11 respondents gave their version of the answer, where they expressed their own opinions about the importance of health knowledge for society.

DISCUSSION

The processes of integration of the higher education system of Ukraine to European standards increase the quality characteristics of professional training of future specialists, promote more active participation of students in the planning and organization of educational activities, the choice of forms and methods of assimilation of educational material. Improving the quality of professional education today is one of the urgent problems for the pedagogical community, the solution of which is connected with the modernization of the content of the educational process, as well as rethinking the purpose and result of education. The implementation of this approach forms a new vision of the very content of education, and also contributes to the reorientation of traditional cognitive trends of higher education, its methods and technologies, since modern world trends put forward new requirements related to the entry of a person into the social space and productive adaptation in it [20-23].

The educational sector faces a new task, which consists in achieving a more complete, personal and socially integrated result. World transformations, which gradually accumulated, led to the reorientation of the educational direction and the formation of a new paradigm of the result of education. Currently, there is a process of changing the orientations of higher education from the training of a highly specialized specialist to the training of a versatile professional who possesses a high level of culture and mobility in the conditions of a dynamic society that is permanently changing. Thus, the strategy of reforming the higher education system involves changing the quality indicators of educational services in order to ensure the competitiveness of future specialists, their mobility and employment in the labor market [24-26].

In the conditions of a market economy, the health of a specialist appears as an important economic lever, because the fierce competition of the modern business world requires constant physical and intellectual stress. In such conditions, success is usually achieved by those who keep themselves in good shape. In the conditions of intensifying competition in the labor market, there is an urgent need to form a culture of health among student youth, to form motives for observing the rules and norms of a healthy lifestyle, preserving and strengthening health. The success of students in acquiring knowledge about health is largely determined by a complex of organizational and psychological-pedagogical measures that ensure the development of certain personal qualities and contribute to the formation of a culture of health among student youth.

The results of the first stage of the survey prompted the development and implementation of new methods of presentation of lecture material, conducting practical classes based on the accumulated experience and trends of modern education. In order for students to effectively acquire knowledge about health and be ready to use it

as the basis for designing the content of health-oriented disciplines, it is important to put content modules of cognitive information aimed at the development of creative health thinking, emotional and valuable attitudes to health, rules and norms of a healthy lifestyle, health culture, formation of motivation for health activities [27].

The use of health care products should be emotionally valuable, that is, conscious. Not realizing the importance of this or that health care tool or procedure, not giving it due importance, not understanding why it is needed, a person simply will not do physical exercises, eat right, toughen up, move, etc. Knowing about the essence and mechanism of the health-improving effect of certain means and procedures allows you to consciously practice and benefit from the use of health-improving means. The choice of teaching methods involves the involvement of students in an active, purposeful and conscious search for individually appropriate ways to strengthen health and their practical application in everyday life, because it is thanks to one's own practical experience that one can learn the deep mechanisms of action of this or that health remedy, and therefore master the necessary practical knowledge that cannot be acquired only in theory [28].

The results of the pedagogical experiment became the basis for the search and implementation of new pedagogical forms, means, interactive teaching methods that actualize knowledge about health in the minds of students, increase their significance, create opportunities for successful mastery of this knowledge and effective practical application. Acquiring relevant experience is important not only from the point of view of mastering relevant practical skills and abilities, which then become habits and components of a healthy lifestyle, but also from the point of view of forming the motivation of student youth to use this knowledge. Behavior is always related to motivation, which is created precisely in the process of training, education and personality development. The widespread use of interactive teaching methods, based on closer subject-subject relationships between teachers and students, the empowerment of those who teach and those who learn, contributes to a more responsible attitude of students to self-training, self-education as a learning process, as well as in household or professional activities.

CONCLUSIONS

The results of the study indicate the presence of significant interest of students in the problem of health and a healthy lifestyle. At the same time, the study of disciplines, the subject of which is related to health, contributed to the increase of students' interest in the specified problem. If before the start of the experiment the number of students who were interested in health problems was 55.09%, then after the experiment their number increased to 78.48% ($p<0.01$).

According to the results of the self-assessment of the state of health, it was established that 65.29% of the respondents consider themselves to be healthy. The number of those who do not consider themselves healthy was 10.92% of respondents. It was difficult to answer this question for 23.79% of respondents. So, the total share of those who was not able to confidently say that he (she) is healthy was 34.71%.

The study of health-oriented disciplines creates favorable conditions for increasing self-assessment of the level of awareness of students in matters related to health. Thus, the number of students who consider themselves sufficiently knowledgeable increased from 21.36% at the beginning of the experiment to 35.95% after its completion, and the share of those who did not consider themselves sufficiently knowledgeable decreased from 12.38% to 4.05% ($p<0.01$).

The pedagogical experiment stimulated the use of knowledge about health in the everyday life of students. After the experiment, there was not a single respondent who did not apply their knowledge, and the number of students who constantly use their knowledge increased from 30.58% to 53.41% ($p<0.01$). Accordingly, the number of those who applied knowledge partially (from 52.91% to 41.27%) or episodically (from 10.92% to 5.32%) decreased.

According to the students, the leading fields of knowledge in terms of their competence and potential impact on health are: medicine, physical culture and sports, valeology, and psychology. After the experiment, the number of respondents who formulated their answer option increased significantly (from 6.8% to 37.47%), which indicates the formation of critical thinking, as well as the actualization of a comprehensive approach to solving health-related issues.

After the experiment, the respondents' point of view on the importance of health knowledge for society underwent some changes. In particular, the number of those who believe that this knowledge is very necessary increased from 94.41% to 97.21% ($p<0.05$).

Prospects for further research are to study the range of components of a healthy lifestyle and means of improvement that students prefer in everyday life.

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CONFLICT OF INTEREST
The Authors declare no conflict of interest

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RECEIVED: 22.02.2024
ACCEPTED: 05.05.2024