Dildora Ramanova<sup>a</sup>, Ilmira Urazalieva<sup>b</sup>, Shakhlo Ishmukhamedova<sup>c</sup>, Bahodir Turayev<sup>d</sup>, Hadichaxon Shoyusupova<sup>e</sup>,

#### **Abstract**

The health status of the younger generation is the most important factor in the sustainable development of society and an indicator of the potential of the state. However, today the main indicators of the health of children and adolescents have persistent negative trends for reasons of socioeconomic, environmental and spiritual and moral nature. Among the factors that have adversely affected the health of children in recent years, there are: the low standard of living of many families; decline in the general culture of the population; the progressive destruction of the institution of the family and poor health of the parents; environmental pollution; lack of fashion for health in the country; replication by the mass media of forms of behavior that contribute to the destruction of the physical and spiritual health of a person, and much more. The health status of children depends both on internal factors (type of constitution, gender, age, etc.) and on environmental factors (total school load, living in urban or rural conditions, playing sports, etc.).

**Keywords:** health; growing generation; Education Act; The Republic of Uzbekistan; family; values

#### RELEVANCE

The relevance of the study is due to the growing public attention to the value-based attitude to human health. Despite the efforts of our government and society to protect and improve the health of the population, which resulted in a decrease in mortality and an increase in the life expectancy of Russians, the problem of health remains very urgent and significant. It is a problem not only for our country, but also for countries around the world, since it is associated with global negative changes in the environment, rapidly developing scientific and technological progress, large-scale man-made disasters that have a negative impact on the state of human health. In recent years, the incidence rate has significantly increased in various age groups of the population. The health status of the younger generation has significantly worsened.

Over the past 10 years, the prevalence of functional deviations among primary school students has increased by 84.7%, chronic diseases - by 83.8%, among high school students - by 73.8% and 39.6%, respectively (A.A. Baranov) ... World experience shows that targeted prevention of unhealthy habits (smoking, lack of physical activity, overeating, alcohol and drug use) aimed at promoting a healthy lifestyle contributes to improving the health status of the child population. Despite the particular importance of the work on the formation of a healthy lifestyle for children, in practice, there is a fragmentation of actions of various sectors of society to solve this problem, and there is a clear contradiction between the efforts being made and the real result, expressed in low indicators of the health status of

children. This contradiction has not yet been resolved in pedagogical theory. In this regard, there is a need to search for optimal and effective ways to organize work on the formation of a healthy lifestyle among children and young people in the education system based on interaction with other social institutions. The search is carried out by groups of scientists in many regions of Russia. The health problems of the younger generation are reflected in pedagogical theory, in the intensification of interdisciplinary, complex research. But, despite the fact that the dissertations speak about the interaction of various social institutions, the emphasis in them is placed mainly on the means traditional for the education system, which does not allow us to fully identify the severity of the problem. The foregoing confirms the relevance of the task of developing the theoretical foundations for the formation of a health-saving educational space, which implies the coordinated participation of all subjects of the state-social system in this process, as well as the use of the potential of the individual, family, close social environment and the capabilities of educational institutions. We consider a fundamentally new paradigm for the formation and development of a regional health-saving educational space, which is a multi-level set of interacting pedagogical systems and tools, united by a common goal the formation of a healthy lifestyle for children and youth. A healthy lifestyle should be considered as a complex technology of human life, including many interrelated health-saving activities that form a culture of personal health

The aim of the study. To develop and substantiate the

 $<sup>{\</sup>it \tt a} Tashkent\ State\ Dental\ Institute,\ Uzbekistan,\ dor a.med @mail.ru$ 

bTashkent medical academy, Uzbekistan, airmeduz@gmail.com

<sup>&</sup>lt;sup>c</sup>Tashkent medical academy, Uzbekistan, ishmuhammedovashaxlo@gmail.com

<sup>&</sup>lt;sup>d</sup>Tashkent medical academy, Uzbekistan, bahodir\_torayev@mail.ru

eTashkent medical academy, Uzbekistan, shoyusupovahadichaxon@gmail.com

theoretical and methodological foundations for the formation of a regional health-saving educational space.

### The scientific novelty of the research is as follows:

- on the basis of a systemic-synergetic approach, the features of the formation of a health-saving educational space at four levels - family, local, municipal and regional - have been identified and comprehended, which reveal the essence of this process based on the developing interaction of the subjects of the educational space in order to preserve and strengthen the health of students.

The history of children's health problems associated with improperly organized upbringing and the conditions of their education goes back to the days when group forms of education appeared. Ya.A. Comenius, developing the idea of a group education system, sees the structure of its implementation through the prism of the development of a living tree, which he compares with the opinion of doctors that health depends on the way of life. "Our body is kept in strength by a moderate way of life," the scientist writes [21]. In this we find the dependence of the child's physical health on his upbringing and moderate organization of the educational process. This dependence reveals certain contradictions between, on the one hand, the development of group forms of teaching children, and on the other, the deteriorating state of their health, which requires scientists to look for ways, forms and methods of their resolution. Since that time, the volume and intensity of the presentation of educational material has increased many times, which could not but affect the health of not only the students, but also all subjects of the educational process. This phenomenon began to be viewed at first as an improperly organized educational environment, later as an improperly organized educational space. Today, the concept of "health-saving educational environment" is interpreted by us as certain conditions for the effective functioning of health-saving social, psychological, pedagogical, medical and other technologies, programs, plans, as well as objects and means of health-saving, representing opportunities for preserving and strengthening the health of subjects of the educational process and the formation of a healthy lifestyle in them. The concept of "health-saving educational space" is considered as a developing relationship between the subjects of the educational process with pedagogical potential, with the aim of preserving and strengthening the health of students and the subjects themselves, forming their culture of health in appropriate conditions. Returning to the history of the problem, we turned to the works of scientists.

The influence of the educational conditions of children on their health was considered in their works by A.P. Dobroslavin, G.V. Khlopin, D. Locke, J.J. Russo, I.G. Pestalozzi, R. Vikhrov, K.D. Ushinsky, L.N. Tolstoy, P.F. Lesgaft, F.F. Erisman and others. D. Locke considered the most important factors influencing the formation of a person, his upbringing, environment and situation. He proclaims his famous phrase: "A healthy mind in a healthy body is a short but complete description of a happy state in this world" and sees the possibility of the influence of the environment on the formation of the spiritual and moral qualities of a young person as the main component of his health [23]. He argues that "whoever possesses both of them has little to desire; and whoever is deprived of one or the other will not be helped by any substitute. Happiness or unhappiness of a person is created mostly by himself" [23].

Here the most important condition for the formation of a

healthy personality is revealed - personal responsibility and participation in this process.

The idea of creating conditions in an educational organization that preserves the health of students became widespread among the pedagogical and medical scientific communities in the second half of the 19th century.

In 1870, the German doctor R. Vikhrov introduced the concept of "school illnesses" and proposed to use games, dances, gymnastics and all types of fine arts in educational organizations "to eliminate the main causes of school illnesses". He suggested replacing the "verbal school" with a "school of action", which would eliminate the prerequisites for diseases [36], which, in fact, was a proposal to create a health-saving environment in an educational organization.

In 1871, the book "School Hygiene" was published, which became the first original Russian guide to school hygiene. F.F. Erisman defines the concept of "school hygiene" as a science "designed to study the impact of living conditions on the health of children's groups and develop hygienic requirements for environmental conditions." He writes: "... the growth of myopia is a consequence of improper organization of business at school, poor lighting, improper arrangement of desks" and offers his own model of a school table, later called "Erisman's Part". F. Erisman believed that "we need not just hygiene, but public hygiene, ie. the combination of the scientific requirements of hygienic science with a force that could, in the conditions of tsarist Russia, implement these hygienic conditions and requirements" [13].

He proved that the health of children depends on environmental conditions and the organization of life, spoke about the need to build special school buildings and improve school grounds, developed models of a classroom, various furniture for children [10].

Back in 1876, F.F. Erisman published a draft of the "model classroom" [3].

In 1871 A.P. Dobroslavin with a group of scientists substantiated the hygienic requirements for the choice of a site for the construction of a school and the design of a school building, and also highlighted the environmental conditions that ensure the preservation of the health of children in an educational organization. Thus, by the beginning of the 20th century, a scientific view of the creation of a health-saving environment in an educational institution appeared.

In 1904, at a congress of Russian doctors, the foundations of the concept of health-saving in the school environment were proposed: change in health-oriented behavior; implementation of preventive measures by medical services; creating a healthy environment at school. The participants in the congress proposed measures to "eliminate" the harmful effects of the school on the health and physical development of students [4]. G.V. Khlopin in his writings significantly developed the most important problems in the field of special hygienic disciplines.

He wrote a number of books on school hygiene: "Questions of school hygiene and pedagogy", "School hygiene" and others, which became a guide for creating a health-saving environment in educational institutions of pre-revolutionary Russia [7].

In 1905, a structural unit was created under the Ministry of Public Education - a medical and sanitary unit, which oversees the conditions of education and equipment of educational institutions [4]. This event was the first step at the national level aimed at translating into practice the achievements of science in the field of school hygiene:

- for the first time, Russian pedagogical science substantiated the cause-and-effect relationship between the organization of teaching children at school and its impact on children's health:
- for the first time, the interaction of scientists, teachers and doctors began to be carried out on the problems of the influence of the school environment on the preservation of the health of children in educational institutions, which determined the concept of the formation of a health-saving environment in educational organizations for the coming decades:
- for the first time at the national level, the public education industry began to assess the impact of the state of the school environment on the health of schoolchildren, which was the first practical step to stimulate the creation of a health-saving environment in educational organizations;
- for the first time at the country level, prerequisites for interdepartmental cooperation in the interests of the health of the subjects of the educational process appeared. As the above shows, one of the conditions for understanding the historical process of the development of health-saving activity in Russia of this period was the study, selection and systematization of scientific literature in accordance with historically established theoretical discoveries and existing practice.

An analysis of the scientific works of leading scientists of the 19th century in the development of health-saving activities in educational institutions showed the existing contradictions between the requirements of practice in this area and the necessary methodological level of a scientifically based approach to solving the problem:

- the ambiguity of the use of basic concepts related to the study of health-saving activities of schoolchildren among domestic and foreign scientists;
- the need to strengthen the educational aspects of healthsaving activities and the predominance of research aimed at studying environmental conditions that negatively affect the health of children;
- determination of ways to implement the existing problems of health-saving activities in schools and weak from the scientific and theoretical positions of the evidence base of their effectiveness. Theoretical research and practice of health-saving activity of this period determined the main conceptual approaches to the formation of a health-saving environment in educational institutions for the coming decades.

At that time, the main danger for the child population was represented by infectious diseases, in connection with which the school education system required specialists in the sanitary and hygienic profile [11]. The creation of a health-saving environment in educational organizations was aimed at observing sanitary and hygienic standards by increasing the literacy of subjects of the educational process in these matters, maintaining cleanliness and order in the school premises.

In January 1919, the decree "On the establishment of the Council for the Protection of Children" was issued. The development of the system of medical care for children was based on "three principles:

full coverage of children of all ages with highly qualified medical and preventive care;

close connection of medical care for children in schools with the general tasks of community and hospital care; upbringing and educational activities with health-improving activities" [8]. Thus, in one of the first decrees of the Soviet period, for the first time, the strategy of creating a healthsaving educational environment in educational institutions was formally defined on the basis of a close connection between the spheres of education and health care.

In the twenties and the pre-war years of the last century, research works appeared that made a significant contribution to the development of the concept of the formation of a health-saving environment in educational organizations (V.V. Gorinevsky, A.V. Malkov, A.P. Nechaev, V.A. Pravdolyubov, S.E.Sovetov, N.A.Semashko and others). ON. Semashko developed the basic theoretical principles of school hygiene and physical culture. V.V. Gorinevsky created works on hardening the child's body and physical education. S.E. Soviets developed and published textbooks on hygiene for students of pedagogical universities [7]. The scientific contribution of the above scientists to the development of the theory of a health-saving educational environment in educational organizations actualized this problem and enriched it with new health-saving technologies, which attracted not only teachers and medical workers, but also representatives of sports and other sectors to participate in

Since 1930, universal education has been introduced in Russia: the school becomes a mass education system.

In 1932, for the first time, with the participation of the People's Commissariat for Health and the People's Commissariat for Education, at the legislative level, the problems of educational and extra-curricular workload were solved, the conditions for maintaining the physical and mental health of schoolchildren were determined normatively.

In 1934 compulsory seven-year education was introduced [7]. A large number of children and youth are included in the school system. The problem of maintaining health at school as an organized population of the child population becomes even more urgent.

Analysis of the activities of leading scientists and executive authorities in the field of education and health care for the development of the theory and practice of forming a health-saving environment in educational institutions in the prewar years (1930-1941) showed that:

- with the introduction of universal education, the problem of health-saving at school is noticeably actualized, on the one hand, on the other, it becomes more difficult to implement in connection with the massive, all-embracing nature of this educational process;

for the first time at the legislative level, a regulatory framework is being developed that defines educational and extracurricular activities that are safe for the health of schoolchildren, as well as conditions that ensure the preservation of their physical and mental health.

During the Great Patriotic War (1941–1945), the priorities in the field of child health protection in educational institutions changed - anti-epidemiological measures and catering came to the fore, which provided conditions for maintaining health and preventing epidemics associated with infectious diseases.

With the end of the war, taking into account the specific experience of health-saving activities in educational institutions in these difficult years, it became necessary to refine the hygienic requirements for organizing the activities of preschool and general education institutions, as well as organizations of additional education.

The tasks of studying health problems and strengthening measures to protect it among the child population in the post-war period were carried out by the Institute of Developmental Physiology of the Russian Academy of

Education, created in 1944, at that time headed by Academician N.A. Semashko.

Highlighting the special role of the school doctor in protecting the health of students, N.A. Semashko emphasized that "a school doctor should be a hygienist and know what conditions a child should be in in order to strengthen his health in the learning process" [5].

The development of hygienic requirements for the organization of the activities of educational organizations created favorable conditions for the formation of a health-saving environment in order to preserve and strengthen the health of children in school collectives.

One of the first in domestic practice to implement the idea of preserving the health of children in a general education school on the basis of creating a health-saving environment was implemented by the outstanding teacher of the Soviet period A.V. Sukhomlinsky.

The model he proposed for creating a health-saving environment in an educational organization included three components:

educational - aimed at behavioral change with a focus on health;

medical - aimed at prevention, early diagnosis and treatment of diseases;

environmental, which was associated with a hygienic and positive psychological atmosphere, with safety and rational nutrition in the process of teaching children.

The experience of introducing technologies of a threecomponent health-saving environment was widely practiced in the school system of our country before the perestroika period.

However, this approach to solving the problems of children's health in the education system has not yielded tangible results in improving the health of school-age children on a national scale. The reasons for this were the following:

- firstly, mechanisms for replicating effective technologies for maintaining and strengthening the health of students have not been developed, which were successfully introduced only in individual educational organizations;
- secondly, specialists from other social institutions responsible for the health of the younger generation were not involved in the implementation of school programs for the preservation and strengthening of children's health;
- thirdly, school curricula were mainly focused only on medical technologies to preserve health;
- fourthly, no serious attention was paid to out-of-school factors that determine the health of students;
- fifth, there was no targeted information support for health-saving programs in the mass media;
- sixth, there was no regulatory framework that would facilitate the development of programs for the preservation and strengthening of children's health in educational institutions, etc.

The transition to universal secondary education in the 60s and 70s of the XX century, measures to reform the general education schools in the mid-80s expanded the number of school factors that worsen the health of children.

The first serious scientific approaches to a comprehensive solution to the health problem of the younger generation in the 80s were proposed by I.I. Brechman and his associates.

In fact, a new scientific direction about health has appeared - "valeology" [6]. Health was considered as a pedagogical category; it was proposed to preserve and form it on the basis of educational and upbringing technologies. It was proposed to solve the problem of preserving and strengthening the health of the school-age child population

as an interdepartmental.

he disease was considered as a medical category, it was proposed to classify it as a public health problem only.

The separation of valeology as an independent specialty was determined by order No. 380 of March 4, 1996 of the State Committee of the Russian Federation for Higher Education.

This document, on the basis of higher medical and pedagogical education, approved the specialties of a doctor-valeologist and a teacher-valeologist. However, these specialties were not entered in the education system.

Having not received the necessary development, valeology as an effective methodological basis for the development and implementation of health-saving technologies in the practice of school education, due to the disagreement between the medical and pedagogical understanding of the subject, was removed from the general education system.

At the same time, the main conceptual ideas of health-saving inherent in the scientific views of I.I. Brekhman, were developed in the works of G.K. Zaitseva, V.V. Kolbanova, V.P. Petlenko, L.G. Tatarnikova and others are still being implemented in the practice of health-saving activities of educational organizations.

The scientific views of these scientists were based on the idea of interaction and integration of the pedagogical potential of various social institutions in the interests of preserving and strengthening the health of the younger generation, which can be called the first step towards the creation on a scientific basis of a health-saving educational space.

Summarizing the achievements of the Soviet period of the formation and development of health-saving activity in the general education system, it should be noted that conceptual approaches were formed to the formation of a health-saving environment in an educational organization that creates conditions for maintaining and strengthening the health of students.

However, these approaches were not implemented for the following reasons:

- despite the deteriorating state of indicators of academic performance and health of schoolchildren, the problem of the dependence of the quality of education on the health of students was not considered at the state level;
- the educational and material base of educational organizations is outdated and did not contribute to the preservation of the health of students;
- an interdepartmental approach was not applied in solving health problems of the younger generation;
- problems of teachers' health care was neglected; the institution of the family was not properly involved in the process of protecting and strengthening the health of students:
- there was no adequate information support of measures to preserve and improve the health of students through the media.

In the 1980s, the three-component model of programs that promote the preservation and promotion of health in schools was replaced by an eight-component model, which included the following elements:

"Health education; physical education;

school medical service;

supply system;

school health service;

counseling, psychological and social services; healthy school environment; involvement of parents and the public" [7].

Subsequently, all these elements were combined into two groups, which determined two interrelated directions: the

formation of a healthy lifestyle for the subjects of the educational process and the creation of health-saving conditions in the educational organization.

This process revealed the structure of the creation of a health-saving educational space.

The restructuring of the early 90s had a serious impact on the development of the entire system of general education.

At the First Russian Assembly "Health of the Peoples of Russia" in May 1991, studies were presented confirming that the content of education in educational institutions does not contribute to the spiritual and physical development of the individual.

In accordance with the RUz on Education No.ZRU-637, on 23.09.2020, medical-psychological, medical-social and other centers began to be created in the school system.

Global socio-economic changes in the country have given a new impetus to the development of the education system. At the level of educational organizations, on the initiative of the school itself, the possibility of development according to variable programs was widely practiced (I.L. Orekhova, V.N. Konovalchuk, L.I. Kulagina, O.A. Kochergina, Z.V. Shagin, etc.).

This circumstance further complicated the situation with the preservation of the health of children in school conditions: innovative measures related to the reconstruction of curricula, the introduction of new technologies in the learning process, in most cases increased the burden on children, which negatively affected the health of students.

The influence of variable activity in the education system and intensive educational technologies on the health of schoolchildren is discussed by O. Kurseeva, L. D. Solomenko et al. [9, 16]. School problems negatively affecting the health of students were supplemented by a sharp decline in the social status of most of the families of schoolchildren. In these circumstances, the main focus of science and practice was placed on the study of problems associated with external factors that worsen the health of children in educational institutions, and the creation of favorable conditions for their corrections and, but this was not enough to improve the current situation.

By the mid-90s, prerequisites arose for the development of a new concept of preserving and strengthening the health of children in educational institutions through the formation of a health-saving educational space in them.

This period is characterized by the collapse of the authoritarian education system, the deterioration of learning conditions in educational institutions, the lack of effective methods for shaping the value of health and a healthy lifestyle, adequate to the age characteristics of schoolchildren and the social environment around them. The situation was complicated by social stratification in society, which led to inequality in the quality of life of the child population, a decrease in the health indicators of the immediate environment of children, their parents and teachers, and a further deterioration in the health of the child population. Consolidation of all social institutions was required in order to improve the health of children based on new approaches to solving this problem.

A stimulating factor for action to develop and implement such programs was not only the objective preconditions that have developed in the country, but also the international experience that came to us in the form of joint international projects from abroad.

In parallel with the events that took place in the 90s in the system of Russian general education, scientific and practical activities in the eastern and western countries of the world were successfully intensified to study the problems associated with the deteriorating health of school-age children and find ways to solve them.

Conducted by L.V. Zhabina's comparative analysis of health-saving activities in the field of school education in Russia and China showed that the process of "valeologization" of the educational space in the school system of teaching children in modern China gives more effective results for maintaining and strengthening the health of students. The process of "valeologization" of education includes various forms and methods of health-preserving activities:

- "following the example of adults in their orientation to a healthy lifestyle, group healing exercises during recess, a variety of sports activities (games, sports events, health tourism), costumed dances, health-saving art exhibitions, valeological television and radio broadcasting, playing educational actions in dangerous game situations led by older students; training and consulting parents on the topics: "Traditional medicine in the prevention of diseases and treatment of children", "Types of massage", "Peace of mind of a child";
- planting, weeding, harvesting crops and preparing raw materials for vitamin teas and brewing them, preparing simple dishes of national cuisine, taking into account seasonal nutrition, practicing traditional sports, mastering medical methods for measuring pulse, lung capacity, blood pressure" [12].

The process of "valeologization" of education in China is represented by a large number of health-saving technologies that are closely related to the national culture of this eastern country and are a powerful motivating factor in the upbringing of a health-saving lifestyle for the younger generation.

One of the most significant international programs, implemented since 1982 at the initiative of the World Health Organization, is the project "Health and behavior of schoolchildren."

The purpose of this project was to determine the general and specific in social processes and phenomena associated with the health of schoolchildren in different countries of the world. This made it possible to accumulate the scientific experience of foreign countries in solving scientific and practical problems of strengthening the health of schoolchildren.

The first study under this project was carried out in 1983-1984. in Finland, Norway, Austria, Denmark and England. In subsequent studies conducted in 1985–1986, 13 took part, in 1989–1990. - 17, in 1993-1994. - 25, in 1997-1998. - 30, and in 2001-2002. - already 35 countries of Eastern and Western Europe, Asia and North America.

In 2001-2002. the study of health problems and behavior of Russian schoolchildren covered all federal districts of the Russian Federation: North-West, Central, Volga, South, Ural, Siberian, Far East (12 subjects of Russia) [17].

In 1990, a Joint Committee on Health Education Terminology was formed to review and evaluate the experience of health schools in the United States. He defined a comprehensive school health program as an organized set of acts, procedures and actions designed to protect and ensure the health and well-being of children and staff, which traditionally include school health services, a healthy school environment, and health education. New sections were included in the health school program: physical education, food service, psychological service, social work [89].

Waldorf pedagogy has become widespread in modern

Germany. The essence of this German school lies in the affirmation of health as a priority value of a person, necessary for the free and natural realization of a person's life.

Waldorf schools are educational institutions with a threepart cycle of subjects that have a beneficial effect on the health of schoolchildren: scientific disciplines, aesthetic and artistic activities, sports and labor training. An integrated approach serves as the basis for the effective work of the teaching staff to protect the health of schoolchildren. The coordinated interaction of teachers, psychologists and doctors in the interests of the health of students in these German schools is a sign of the existing health-saving educational space [82, p. eleven].

In 1992, the experience of many countries in creating schools focused on the preservation and strengthening of the health of students and teachers was approved by the World Health Organization, and also found support from other international organizations: UN, UNESCO, EU Commission, Council of Europe.

The Healthy School project was tested in the countries of the former socialist space: the Czech Republic, Poland and Hungary. Russia joined this large-scale international project in 1993. It was attended by 12 constituent entities of the Russian Federation.

More than 500 schools from 40 countries of the world took part in the international project "Healthy School" [18]. It has become a model for creating a health-saving educational environment in any type of educational organization and has shown that it can be successfully replicated in any country.

Of particular importance for the development of health-saving activities in educational institutions of the Russian Federation was the European concept of the School for Health Promotion (SHS). It assumed the development of new methods and technologies capable of managing numerous factors that determine the health of all subjects of the educational process: teachers, school workers, students and their parents, based on an integrated approach using elements of modern management.

In 1994, the Russian Federation was included in the international network of Health Promotion Schools. Among the first to implement this project were schools in Moscow, Leningrad, Orenburg, Chelyabinsk, Vologda and a number of other regions. Health Promotion Schools contributed to:

- ensuring a healthy lifestyle for the entire school team by creating an environment conducive to health promotion;
- bringing all elements of the educational process in line with the state of health, physical and mental capabilities of students and teachers; fostering in children a sense of their inseparability with nature, responsibility for their own health, health of the family and society;
- teaching healthy lifestyle skills and maintaining good interpersonal relationships [14].

The Health Promotion School program in the regions of Russia has developed in three main areas:

- health-saving programs were developed and implemented on their own initiative and resources of educational organizations;
- research institutions and other interested institutions of higher education were invited to develop and implement health-saving programs in general education schools;
- the development of health-saving programs in educational organizations was carried out within the framework of international projects.

An analysis of the practical implementation of the Health Promotion School programs in different regions of the country revealed a number of positive and negative results. The following results can be classified as positive:

- the regions have accumulated experience in the development and implementation of comprehensive health-saving programs in educational institutions;
- found and tested in practice interdisciplinary mechanisms of cooperation on health problems of students;
- parents of schoolchildren were actively involved in the development and implementation of programs;
- enough attention was paid to adjusting the school environment and nutrition; in the system of regional and municipal formations, functional responsibility for the health of participants in the educational process has been entrenched as one of the main tasks.

The developing relationships of the subjects of the educational space in the interests of the health of students in the course of the project gave practical experience in the formation of health.

Over the years of perestroika, there have been noticeable changes in the protection of the health of the child population in our country:

- like the entire world community, we have come to the conclusion that the health problems of the child population are not only a task of health care or education, but also of all sectors of society;
- the views of the main social institutions responsible for the health of the younger generation have converged on the need to conduct close cooperation in order to integrate their pedagogical potential in the interests of children's health in educational organizations;
- in the practical activities of educational organizations to preserve and strengthen the health of children, the strategy of forming a healthy lifestyle began to prevail, a variable approach began to be widely used in organizing healthsaving activities;
- research activities have intensified on the formation of health-saving educational space at the level of educational organizations and municipalities;
- the belief of the organizers of education began to prevail that all subjects of the educational process should be involved in the formation of a healthy lifestyle.

#### **CONCLUSIONS**

Thus, by the middle of the first decade of the twenty-first century, the general education system, which solves the problem of preserving and strengthening the health of students, was represented by a variety of pedagogical systems that implement the goals of forming a healthy lifestyle in subjects of the educational process.

Educational organizations of the non-state sector, which arose and functioned as self-organizing, self-developing pedagogical systems, also joined in the implementation of this task. An objective situation has arisen that requires a new qualitative characteristic of a rapidly developing educational space with a health-saving content.

The foreign and domestic experience of health-saving activities in the school education system accumulated over the years of perestroika has significantly expanded the range of approaches to the formation of a healthy lifestyle in all subjects of the educational process based on the interaction of various social institutions with pedagogical potential. This made it possible to move from a system of measures to create only a health-saving environment in educational organizations to the formation of a health-saving space in them. That is, to start uniting the resources of all pedagogical systems in society in order to integrate their pedagogical potential for the formation of a healthy

lifestyle in the subjects of the educational process and the creation of appropriate health-saving conditions.

Analysis of the socio-cultural prerequisites for the development of health-saving activities in the Russian and foreign school education system allowed us to identify a number of requirements for improving the system of protecting and strengthening the health of children in educational organizations at the present stage:

- the need to improve national and regional policies and strategies for the protection and promotion of children's health in the school system, which is focused on the transition from an intradepartmental approach to integration with other departments and sectors of society;
- adjusting the content of education towards enhancing its health-preserving functions;
- increasing the literacy of subjects of the educational process in matters of preserving and strengthening health;
- creation conditions for the development of variable and invariant models of protection and strengthening of children's health in the education system;
- creation of a system of information support for the development of health-saving activities in the field of education through the media.

These requirements express approaches to the development of a new educational paradigm, which would orient society towards the implementation of an integrated intersectoral approach in preserving and strengthening children's health in the field of education based on the formation of a health-saving educational space.

Further study of the historical experience of health-saving activity in the Republic of Uzbekistan involves its scientific generalization in the following areas:

- identification of scientific problems of the development of health-saving activities in the modern history of our country;
- active discussion of research on the history of the development of health-saving activities in the field of education on the basis of intersectoral interaction at scientific and practical conferences, congresses and forums, including with international participation;
- strengthening the scientific and organizational support for the development of research on the process of forming a health-saving educational space at the regional and national level on the basis of an intersectoral approach in our country and abroad by leading research institutes.

#### **REFERENCES**

- Bangerter L. R., Liu Y., Kim K., Zarit S. H., Birditt K. S., & Fingerman K. L (2017). Everyday support to aging parents: Links to middle-aged children's diurnal cortisol and daily mood. The Gerontologist, gnw207. doi:10.1093/geront/gnw207 [PMC free article] [PubMed] [Google Scholar]
- Bedford V. H., & Avioli P. S (2001). Variations on sibling intimacy in old age. Generations, 25, 34–40. [Google Scholar]
- Berkman L. F., Glass T., Brissette I., & Seeman T. E (2000).
   From social integration to health: Durkheim in the new
  millennium. Social Science & Medicine, 51, 843–857.
  doi:10.1016/S0277-9536(00)00065-4 [PubMed] [Google
  Scholar]
- 4. Bernard J. (1972). The future of marriage. New Haven, CT: Yale University Press. [Google Scholar]
- Blustein J., Chan S., & Guanais F. C (2004). Elevated depressive symptoms among caregiving grandparents.
   Health Services Research, 39, 1671–1689. doi:10.1111/j.1475-6773.2004. 00312.x [PMC free article]

- [PubMed] [Google Scholar]
- Broman C. L. (2005). Marital quality in black and white marriages. Journal of Family Issues, 26, 431–441. doi:10.1177/0192513X04272439 [Google Scholar]
- Carpenter C., & Gates G. J (2008). Gay and lesbian partnership: Evidence from California. Demography, 45, 573–590. doi:10.1353/dem.0.0014 [PMC free article] [PubMed] [Google Scholar]
- Carr D., Cornman J. C., & Freedman V. A (2016). Marital quality and negative experienced well-being: An assessment of actor and partner effects among older married persons. Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, 71, 177–187. doi:10.1093/geronb/gbv073 [PMC free article] [PubMed] [Google Scholar]
- Carr D., & Springer K. W (2010). Advances in families and health research in the 21st century. Journal of Marriage and Family, 72, 743–761. doi:10.1111/j.1741-3737.2010. 00728.x [Google Scholar]
- Cicirelli V. G. (2004). Midlife sibling relationships in the context of the family. The Gerontologist, 44, 541. [Google Scholar]
- 11. Cohen S. (2004). Social relationships and health. American Psychologist, 59, 676–684. doi:10.1037/0003-066X.59.8.676 [PubMed] [Google Scholar]
- 12. Conger R. D., Conger K. J., & Martin M. J (2010). Socioeconomic status, family processes, and individual development. Journal of Marriage and the Family, 72, 685–704. doi:10.1111/j.1741-3737.2010. 00725.x [PMC free article] [PubMed] [Google Scholar]
- 13. Connidis I. A. (1994). Sibling support in older age. Journal of Gerontology, 49, S309–S318. doi:10.1093/geronj/49.6. S309 [PubMed] [Google Scholar]
- 14. Degeneffe C. E., & Burcham C. M (2008). Adult sibling caregiving for persons with traumatic brain injury: Predictors of affective and instrumental support. Journal of Rehabilitation, 74, 10–20. [Google Scholar]
- 15. Denney J. T., Gorman B. K., & Barrera C. B (2013). Families, resources, and adult health: Where do sexual minorities fit? Journal of Health and Social Behavior, 54, 46. doi:10.1177/0022146512469629 [PubMed] [Google Scholar]
- Donoho C. J., Crimmins E. M., & Seeman T. E (2013).
   Marital quality, gender, and markers of inflammation in the MIDUS cohort. Journal of Marriage and Family, 75, 127–141. doi:10.1111/j.1741-3737.2012. 01023.x [PMC free article] [PubMed] [Google Scholar]
- Drew L. M., & Silverstein M (2007). Grandparents' psychological well-being after loss of contact with their grandchildren. Journal of Family Psychology, 21, 372–379. doi:10.1037/0893-3200.21.3.372 [PubMed] [Google Scholar]
- 18. Dunifon R. E., Ziol-Guest K. M., & Kopko K (2014). Grandparent coresidence and family well-being. The ANNALS of the American Academy of Political and Social Science, 654, 110–126. doi:10.1177/0002716214526530 [Google Scholar]
- 19. Edin K., & Kefalas M (2005). Promises I can keep: Why poor women put motherhood before marriage. Berkeley, CA: University of California Press. [Google Scholar]
- Elder G. H., Johnson M. K., & Crosnoe R (2003). The emergence and development of life course theory. In Mortimer J. T. & Shanahan M. J. (Eds.), Handbook of the life course (pp. 3–19). New York: Kluwer Academic/Plenum Publishers. doi:10.1007/978-0-306-48247-2 1 [Google Scholar]

- Elliott S., Powell R., & Brenton J (2015). Being a good mom: Low-income, black single mothers negotiate intensive mothering. Journal of Family Issues, 36, 351– 370. doi:10.1177/0192513X13490279 [Google Scholar]
- 22. Ellis R. R., & Simmons T (2014). Coresident grandparents and their grandchildren: 2012. Washington, DC: U.S. Census Bureau. [Google Scholar]
- Erickson R. J. (2005). Why emotion work matters: Sex, gender, and the division of household labor. Journal of Marriage and Family, 67, 337–351. doi:10.1111/j.0022-2445.2005. 00120.x [Google Scholar]
- 24. Eriksen S., & Gerstel N (2002). A labor of love or labor itself. Journal of Family Issues, 23, 836–856. doi:10.1177/019251302236597 [Google Scholar]
- 25. Evans K. L., Millsteed J., Richmond J. E., Falkmer M., Falkmer T., & Girdler S. J (2016). Working sandwich generation women utilize strategies within and between roles to achieve role balance. PLOS ONE, 11, e0157469. doi: 10.1371/journal.pone.0157469 [PMC free article] [PubMed] [Google Scholar]