



## MODERN HEALTH TECHNOLOGIES IN THE SYSTEM OF HIGHER PROFESSIONAL EDUCATION.

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*Today's students face a heavy academic workload, prolonged periods spent studying and using computers, stress, and disrupted daily routines*

### ABSTRACT

*Protecting the health of young students is a challenging and pressing issue at all stages of societal development. Their unique social status, working conditions, daily life, and lifestyle distinguish them from all other categories of the population, making them extremely vulnerable socially and susceptible to negative social factors. The significance of this issue stems from its national importance, as only a physically and mentally healthy generation can ensure the progressive and sustainable development of society, its security, and its international standing. The health of university graduates serves as an indicator of the quality of their education and level of creative activity, as a knowledge-intensive economic product that enhances individual competitiveness*

This problem is particularly pressing in the current context, characterized by a significant decline in the quality of life for the majority of the population, particularly for socially vulnerable groups such as students, as well as reforms in the healthcare system, accompanied by fundamental changes in the organization of medical, social, and preventive care. The ongoing transformations in the country have worsened the situation, reducing the guarantees for free medical care and its preventive focus, leading to social maladjustment among students and an increase in chronic illnesses and disabilities among university students.

This article examines modern wellness technologies used in higher education. It emphasizes the importance of a comprehensive approach to students' physical, mental, and social health, taking into account the specifics of their academic workload, stress factors, and sedentary lifestyles. Various wellness methods are considered, including physical education classes, active breaks, fitness programs, relaxation techniques, psycho-emotional support, and the promotion of a healthy lifestyle through educational and digital platforms. Analysis shows that the systematic use of modern wellness technologies helps improve performance, reduce stress, and develop sustainable healthy lifestyle habits in students. This article may be useful for teachers, administrators, and specialists in physical education and psychology.

Today's students face a heavy academic workload, prolonged periods spent studying and using computers, stress, and disrupted daily routines. All of this negatively impacts physical

and mental health, reducing productivity and concentration. Therefore, the integration of wellness technologies into higher education has become a key priority for universities and colleges. Wellness technologies at universities include physical exercise and fitness, relaxation techniques, psycho-emotional support, stress management skills, and the development of healthy eating habits and daily routines. Their implementation not only improves students' health but also enhances the quality of education and fosters lasting motivation for self-improvement and a healthy lifestyle.

Modern educational institutions are facing the challenge of declining student health. A sedentary lifestyle, stress, lack of sleep, and poor nutrition lead to weakened immunity, the development of chronic diseases, and a deterioration in psycho-emotional well-being. Therefore, integrating wellness technologies into the educational process is strategically important for nurturing healthy, productive, and socially active young people.

**The aim of the study** is to analyze modern health technologies and their effectiveness in the system of higher professional education to improve the physical, mental and social health of students.

#### **Research objectives**

1. To study the theoretical foundations of health technologies and their role in the educational environment.
2. Analyze modern methods of physical activity and fitness programs used in universities.
3. Consider psycho-emotional and stress management technologies for students.
4. To study the impact of health technologies on students' performance, concentration and academic performance.
5. Formulate recommendations for the integration of modern health technologies into the educational process.

**Research methods.** Analysis of literature and regulatory documents on student health promotion and physical education methods. Sociological methods: surveys and questionnaires of students regarding their health status and the effectiveness of wellness programs. Observation of participants in physical education and relaxation programs. Statistical data processing to assess the impact of wellness technologies on the physical and psycho-emotional state of students.

**Study results.** During the study period, a deterioration in student health was observed: an increase in the overall morbidity rate according to preventive medical examinations by 37.7% (537.4 per 1000 examined), which is 1.15 times higher than the overall morbidity rate according to patient visits; an increase in the number of newly diagnosed chronic diseases among students of all years by 1.6 times (with the proportion of first-year students being  $71.3 \pm 1.2\%$ ); an increase in the number of students suffering from multiple diseases by 35%, which is a consequence of late diagnosis and untimely medical care.

Despite the fact that, according to the results of the study, more than half of the students ( $52.8 \pm 2.0\%$ ) rated their health as excellent or good, and  $81.8 \pm 1.6\%$  believe that they are sufficiently knowledgeable about healthy lifestyle issues, a third of the students ( $30 \pm 1.9\%$ ) admit that they do not take all the necessary measures to improve their health and maintain it at the proper level, and in the overall structure of students' values, health occupies the fourth position.

Only  $6.7\pm 1.0\%$  of respondents were absolutely healthy, and  $23.8\pm 1.7\%$  get sick at least three times a year, but only  $45\pm 2\%$  of respondents immediately go to the doctor in case of illness, the rest prefer to first follow the advice of friends and relatives and be treated with “folk remedies”.

The majority of students report low physical activity. A quarter of respondents ( $24.5\pm 1.8\%$ ) do not engage in physical education or sports at all, while  $43\pm 3.5\%$  engage in them irregularly. Assessing their sleep patterns, it should be noted that only  $24\pm 1.7\%$  of students go to bed before midnight. The student diet is dominated by starchy foods ( $39.4\pm 2\%$ ) and fatty foods ( $33.2\pm 1.9\%$ ). Of the students surveyed,  $46\pm 2\%$  admit that they eat irregularly, and one in three ( $33.1\pm 1.9\%$ ) reported that their diet worsened after entering the university. It was revealed that  $34.1\pm 2.7\%$  of respondents smoke, while  $38.4\pm 2.0\%$  had smoked previously.  $80\pm 1.6\%$  of the students surveyed consume alcoholic beverages.

Physical education and fitness programs help improve posture, increase endurance, and reduce fatigue. Incorporating active breaks and short exercise breaks throughout the school day reduces stress and improves concentration.

The use of relaxation techniques, breathing exercises, and meditation helps reduce anxiety levels and develop sustainable stress management skills.

Programs for developing healthy habits (nutrition, sleep, daily routine) improve the overall health of students and reduce illness.

The integrated use of all health improvement methods allows for maximum improvement in the physical and psycho-emotional state of students.

During periods of social transformation, various population groups adapt to new social realities, which vary depending on age, gender, education level, social status, and so on. Representing approximately one-fifth of the population, young people must play a major role in social change. Consequently, the issue of student health is of paramount importance to the country. However, over the past decades, the incidence of illness among schoolchildren has increased significantly, resulting in the proportion of healthy students falling to 8-10%. Consequently, a significant portion of young people entering the student body already have health issues.

Currently, no unified approach has been developed to organizing medical care for university students. For this purpose, a wide, fragmented network of medical and preventive care facilities exists, modeled on similar regional facilities serving the adult population. Because the age and social characteristics of the student population are not always fully taken into account, treatment and preventive measures often fail to achieve their goals. This leads to a number of undesirable consequences.

For example, the overall morbidity rate based on preventive medical examinations increased by  $37.7\pm 0.3\%$  over three years and exceeded the overall morbidity rate based on visits by 1.15 times. This, given the insignificant improvement in the diagnostic capabilities of healthcare institutions, may indicate low student engagement and inadequate health and hygiene education. Meanwhile, there are significant differences in the overall morbidity rate among different higher education institutions in Khabarovsk Krai (ranging from 14.9 to 1837.7 per 1000 students), which, in turn, further demonstrates the lack of uniform methodological guidelines for the medical care and services of student youth.

In the overall morbidity of students, respiratory diseases rank first ( $32.8\pm 0.3\%$ ), followed by eye diseases ( $11.6\pm 0.2\%$ ), musculoskeletal diseases ( $10.4\pm 0.2\%$ ), genitourinary diseases ( $9.3\pm 0.2\%$ ), and gastrointestinal diseases ( $8.2\pm 0.2\%$ ). This distribution of diseases is primarily due to the specific nature of higher education. Despite an increase in some indicators characterizing student morbidity, the situation has begun to improve for a number of diseases. Over three years, the incidence of nervous system diseases decreased by  $33.1\pm 0.3\%$ , injuries and poisonings by  $17.7\pm 0.2\%$ , and respiratory diseases by  $9\pm 0.2\%$ .

The proportion of "sick individuals" among first-year students has increased each year. In 2008, individuals with health problems in this group accounted for  $85.2\pm 1.8\%$ , indicating inadequate screening of applicants. A significant increase in the number of chronic diseases diagnosed among first-year students has also been observed, with this figure rising from 163.9 per 1,000 students to 347.1 over the past three years. Assessing the prevalence of chronic diseases among university students of all years, it should be noted that the number of diagnosed chronic diseases increased by an average of 1.6 times during the study period. This may be due to delayed diagnosis and delays in providing medical care, as evidenced by the difference in incidence rates based on medical visits and those identified during preventive medical examinations.

Furthermore, the study showed that not all higher education institutions conduct an analysis of student illness rates based on age and year of study; a number of clinics at higher education institutions in Khabarovsk Krai only record students who live in dormitories, while other students are monitored at clinics at their place of residence (registration); and half of the higher education institutions lack a program to maintain and improve student health.

**Conclusions.** Modern wellness technologies are an effective tool for improving student health at universities.

A comprehensive approach that includes physical activity, relaxation, psycho-emotional support, and the development of healthy habits ensures the programs are highly effective.

The implementation of wellness technologies helps increase productivity, concentration, reduce stress, and improve academic performance.

The systematic use of these technologies develops sustainable healthy lifestyle skills in students, which is an important condition for the training of qualified and socially active specialists.

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