PSYCHOLOGICAL AND PEDAGOGICAL CONDITIONS FOR ENSURING THE CONTINUITY OF HEALTH-PRESERVING EDUCATION BETWEEN PRESCHOOL EDUCATION INSTITUTIONS AND PRIMARY SCHOOL

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The purpose of the article is to substantiate the structure of psychological and pedagogical conditions ensuring the continuity of health-preserving education of children in preschool education institutions and general secondary education institutions at the stage of primary school learning. *Materials and methods*. The achievement of the research purpose was carried out in several stages. Appropriate research methods were applied, including analysis, synthesis, systematization, generalization, theoretical modelling, questionnaire survey, pedagogical experiment, and methods of mathematical statistics. The questionnaire survey was conducted using a specially designed questionnaire aimed at obtaining information on the composition of pedagogical conditions and the structure of continuity in health-preserving education of children. In addition, the characteristics determining these pedagogical conditions were identified. *Results.* Theoretical analysis revealed an increasing significance of continuous health-preserving education of children. At the empirical level, the study identified the conditions for ensuring continuity in this process, namely: unity of organizational and pedagogical principles and approaches to the development of curricula and teaching methods; teachers' preparedness to address the issue of continuity; consideration of children's psychophysiological age-related characteristics; cooperation between preschool and primary education institutions; and the use of innovative educational technologies. It was established that the system of psychological and pedagogical conditions for the continuity of health-preserving education in preschool education institutions and primary school includes motivational, cognitive, and behavioral components. At the same time, psychological conditions function as internal formations of children at the stage of entering school and serve as a basis for determining pedagogical conditions related to appropriate approaches to organizing and implementing the educational process aimed at developing health-preserving knowledge, skills, and abilities. The main pedagogical conditions are motivational, cognitive, and behavioral. *Conclusions.* Teachers should ensure the gradual development of children's independence. This is achieved through stimulation and encouragement of children's initiative in health-preserving behaviour and through the organization of activities in non-standard situations.

Keywords: psychological conditions, pedagogical conditions, health-preserving competence, health education, continuity of education, preschool education, primary education.

Леся Галаманжук, Gennadiy Zelinskyy, Ірина Дорож, Ростислав Чаплінський. **Психолого-педагогічні умови забезпечення наступності здоров'язбережувальної освіти між закладом дошкільної освіти та початковою школою.**

Анотація. *Мета статті* полягає в обґрунтуванні структури психолого-педагогічних умов наступності здоров'язбережувальної освіти дітей у закладі дошкільної освіти та загальної середньої освіти на етапі навчання у початковій школі. *Матеріал і методи дослідження*. Досягнення мети відбувалося поетапно. Використовували адекватні методи дослідження, зокрема аналіз, синтез, систематизація, узагальнення, теоретичне моделювання, анкетне опитування, педагогічний експеримент, методи математичної статистики. При цьому анкетування відбувалося за допомогою розробленої анкети, зміст якої спрямовувався на отримання інформації щодо складу педагогічних умов і структури наступності у здоров'язбережувальній освіті дітей. Крім цього з'ясовували характеристики, що є визначальними у зазначених педагогічних умовах. *Результати дослідження*. Проведеним дослідженням на теоретичному рівні встановлено зростання значення неперервної здоров'язбережувальної освіти дітей. Дослідженням на емпіричному рівні виокремлено умови забезпечення наступності у такому процесі (єдність організаційно-педагогічних засад та підходів до формування програм і методик навчання; підготовка педагогів до вирішення проблеми наступності; врахування психофізіологічних вікових особливостей дітей; співпраця дошкільних та закладів початкової освіти; застосування інноваційних освітніх технологій). Встановлено, що елементами системи психолого-педагогічних умов наступності у здоров'язбережувальній освіті в закладі дошкільної освіти і початковій школі є мотиваційний, інтелектуальний, поведінковий. При цьому, психологічні умови виступають внутрішніми утвореннями дітей на етапі вступу до школи. Вони слугують основою для визначення педагогічних умов, що стосуються адекватних підходів до організації й упровадження освітнього процесу з формування знань, умінь, навичок здоров'язбережувального змісту. *Висновки*. Педагог повинен забезпечити поступове зростання самостійності дитини. Використовуються для цього стимулювання, заохочення ініціативних дій дитини щодо здоров`язбережувальної поведінки, реалізація діяльності у нестандартних ситуаціях.

Ключові слова: психологічні умови, педагогічні умови, здоров'язбережувальна компетентність, освіта у сфері здоров'я, неперервність освіти, дошкільна освіта, початкова освіта.

Introduction

Modern realities—such as living under life-threatening conditions, adverse environmental factors, and chronic stress—lead to a significant increase in the burden on the human body, thereby intensifying the need for health-preserving education of the individual starting from the earliest years of life. By generalizing the sources of information [1; 8; 19; 22], the following was established: state concern for public health is reflected in the Laws of Ukraine "On Child Protection" and "On the Public Health System", which grant substantial authority to territorial communities in addressing health preservation issues. At the initiative of the Office of the President of Ukraine and the Ministry of Youth and Sports, the nationwide program "Healthy Ukraine" has been developed and implemented. This program proclaims human health as the highest

individual and social value and creates conditions for the comprehensive development and strengthening of children's physical, mental, spiritual, and social health. At the same time, emphasis is placed on the need for careful attention to children's health from the very first days of life, and the issue of early intervention is highlighted. On the website of UNICEF Ukraine, early intervention is defined as timely intensive support provided to a child at an age most favorable for developmental influence, namely from birth to three years. However, within the contemporary educational space, a contradiction is observed between the further intensification of the educational process and the catastrophic deterioration of children's health [17; 38]. Consequently, educators are faced with the strategic task of identifying ways to improve the processes of preserving, forming, strengthening, and enhancing the health of the younger generation as a whole and of each individual child in particular [2; 12].

The application of shared innovative approaches to preserving children's health is a relevant issue in psychological and pedagogical research conducted by specialists in preschool and primary education. Contemporary educational practice under conditions of strategic reform requires the use of innovative approaches to health preservation and strengthening of the younger generation, as well as to the formation of a healthy lifestyle of the individual.

The aforementioned social significance of the problem and the need for its scientific and practical resolution have determined the relevance of studying the continuity of health-preserving education in preschool and primary levels of education [15; 21].

An analysis of recent studies indicates that scholarly attention has been focused on two main directions. First, a body of research examines the specific features of health-preserving education in preschool education institutions and in primary school. Second, a number of studies address the problem of continuity between the first two levels of education. The vast majority of these works convincingly demonstrate the importance of health-preserving education for children and its compliance with the requirements of preschool education standards (N. Andrushchenko [1], O. Maksymova [17], I. Tsiupak et al. [22]) and primary education standards (O. Hnatiuk [5], I. Dorozh, A. Kovalchuk [6], S. Zamrozevych-Shchadrina [8], O. Filippieva [21]). It is noted [18; 19] that the purpose of health-preserving education for both preschool children and primary school pupils is the formation of their health-preserving competence as the basis of a health-preserving culture and a healthy lifestyle of the individual. In the formation of this competence, the Basic Component of Preschool Education [2] assigns a leading role to the invariant component "Child's Personality". In the Model Educational Program of the New Ukrainian School (Grades 1–4), a health-preserving educational field is distinguished, which is studied within the integrated course "I Explore the World" [20].

The need for training specialists to implement health-preserving education for children has been substantiated in the works of H. Zadorozhna, K. Volokhata [7], A. Klebanivska [10], N. Kravchuk [14], and N. Levinets [16].

The issue of continuity between preschool and primary levels of education has attracted considerable scholarly attention, as it is an important condition for the implementation of the relevant State Standards. In particular, researchers have examined problems related to ensuring children's emotional well-being during their transition from kindergarten to school (L. Shvydun et al. [22]), continuity in the formation of competencies (O. Kosenchuk [12]), specific features of continuity in contemporary conditions (S. Lavrenko [14]), and consideration of the psychological determinants of continuity (N. Kazakova, L. Pisotska [8]). The main conditions for ensuring continuity are identified as follows: unity of approaches to curriculum design and teaching; teacher training for addressing continuity-related issues; consideration of children's psychophysiological age characteristics; cooperation between preschool and primary education institutions; application of innovative educational technologies based on child-centeredness, interaction, activity, creativity, and practice-oriented learning; as well as organizational and pedagogical conditions, including coordination of approaches, plans, schedules, and joint activities in preschool education institutions and general secondary education institutions.

Ensuring continuity and building on a child's prior experience make it possible to fully reveal the educational potential of primary school, which contributes to the further development of the child's personality. In particular, it influences the formation of values related to the state, the native land, Ukrainian culture, and health, as well as the development of abilities for creative self-expression and critical thinking. To preserve the significance of previous educational stages, it is important in primary school to shift the child from the leading play activity to the acquisition of a new type of activity, namely learning activity. The use of various forms of creative activity in the educational process (games, technical and artistic modeling, etc.), as well as bringing learning tasks closer to real-life situations, contributes to ensuring continuity and continuity-oriented development in preschool and primary education (O. Komar [10, p. 43]). Such methods correspond to children's need for activity, stimulate their cognitive interests, and promote the self-realization of the child's personality.

However, despite a considerable number of contemporary studies addressing the issues of children's health-preserving education and continuity between preschool

and primary levels of education, the problem of continuity of health-preserving education for children in preschool education institutions and general secondary education institutions remains insufficiently explored, which has determined the focus of the present study.

The purpose of the article is to substantiate the structure of psychological and pedagogical conditions ensuring the continuity of health-preserving education of children in preschool education institutions and general secondary education institutions at the stage of primary school learning.

Materials and Methods

The study was conducted at the theoretical level; therefore, general scientific methods were applied. These included the methods of analysis, synthesis, systematization, generalization, and theoretical modeling [3; 24]. At the same time, a method aimed at minimizing subjective views and judgments was used. This method involved processing various sources of information, with priority given to literary and documentary sources. The range of such sources was formed after their search based on the PRISMA protocol, which provided for a multi-stage electronic search for materials. One of the stages involved the analysis of sources written in English and indexed in the Scopus, Web of Science, PubMed, SPORTDiscus, Science Direct, and ERIC PLUS databases. After that, Ukrainian-language sources were analyzed using the ResearchGate and Google Scholar databases. The next stage involved examining the reference lists contained in each selected scientific article, manual, or other source of information. At each stage, the search was based on keywords and abbreviations related to the research problem. In this way, more than 80 sources of information were initially identified; however, after the final review, 38 sources were selected.

Another group of methods used comprised pedagogical methods, namely a pedagogical experiment. By its nature, the experiment was ascertaining. During its implementation, information was obtained from respondents (46 preschool education teachers and 54 primary school teachers of general secondary education institutions, each with at least five years of professional experience) regarding the composition of psychological and pedagogical conditions and the structure of continuity in health-preserving education of children in preschool institutions and primary school. The collection of this information was ensured by a questionnaire developed by the authors. The questionnaire was of a closed type and included one general question (length of professional experience in an educational institution) and 12 questions directly related to the purpose of the study. Of these, three questions were control (detector) questions. This made it possible to obtain more objective judgments from respondents on the questionnaire items that were considered by the authors as key. The results of the questionnaire survey were processed using appropriate methods of mathematical statistics.

Results

Since 1991, the United Nations Convention on the Rights of the Child has been in force in Ukraine. Compliance with its provisions, as well as with the principles of the World Declaration on the Survival, Protection, and Development of Children, requires purposeful actions on the part of the Ukrainian state and society as a whole to create favorable living conditions for children and young people. This is due to the fact that the state of physical, mental, social, and spiritual health of the younger generation serves as an integral indicator of societal development and a significant factor influencing the economic, cultural, and defense potential of the country [8; 16].

Ukrainian educational legislation places particular emphasis on affirming the principle of continuity during transitions between educational levels. The Law of Ukraine “On Education” interprets continuity as one of the essential conditions of lifelong education, which presupposes the unity of goals, content, methods, and forms of teaching while taking into account the psychophysiological age characteristics of learners. The Concept of the New Ukrainian School, the State Standard of Preschool Education, and the State Standard of Primary Education are based on common methodological principles—such as the priority of humanism, democracy, and child-centeredness, as well as consideration of age-specific characteristics of learners at different educational levels—and define unified approaches to content and to the formation of shared key competencies and value orientations of children [2; 12; 20].

The implementation of continuity in health-preserving education when a child enters school is facilitated by the identification, within the State Standard of Primary Education, of an adaptation-and-play-based cycle of organizing the educational process, which covers Grades 1 and 2. Instruction is carried out under conditions similar to those familiar to children in preschool education institutions, including lesson duration, formative assessment and encouragement, an appropriate volume of learning material, and the use of play-based forms of work. For this purpose, first-grade pupils are exempt from homework assignments, may bring toys to school if they wish, and are allowed to write in pencil to make corrections more easily. The classroom is divided into functional zones; the teacher does not use a red pen and does not lower grades for corrections or handwriting. The stimulating function of assessment predominates, serving as an indicator of pupils’ progress in mastering knowledge [15, p. 24].

As is well known, personal culture is formed from the very first days of life as a result of a child's socialization. Health-preserving culture, as a component of personal culture, is also established from early childhood. The process of adult care for a newborn represents the child's first demonstration of appropriate standards of body and environmental hygiene, nutrition, and daily routine. The skills of healthy behavior and self-care acquired by a child from the earliest days lay the deepest foundations for a healthy lifestyle.

Health-preserving notions and skills that a child acquires within the family become systematized, reinforced, expanded, and deepened in preschool education institutions. The child shows enthusiasm in performing cultural and hygienic routines and seeks to assist adults in cleaning the room, doing laundry, and caring for plants and animals. Whereas earlier the child was primarily attracted by the performance of the activity itself, at this stage the main interest shifts toward receiving approval and gratitude from adults [22].

Throughout the preschool period, children's ability to comment on cultural and hygienic practices improves; they become capable of describing these processes verbally and explaining them to other children. At the same time, the social orientation of motivation for performing everyday routines increases, manifested in the desire to avoid feelings of shame, remarks, or negative evaluations from peers and adults. The acquisition of new cultural and hygienic skills occurs more easily and rapidly when adults provide clear explanations of the significance of these skills and the sequence of actions involved [18].

The adult's participation in the initial practical performance of such actions gradually decreases compared to early childhood, when the actions of the adult and the child were closely intertwined in everyday routines. Older preschool children develop voluntary regulation of behavior and therefore begin to act according to verbal instructions. To consolidate health-preserving notions and skills, it is important to systematically and attentively monitor the child, draw attention to indicators of proper performance of hygienic procedures, explain shortcomings, and guide the child toward their further correction.

The skills acquired by a child in early childhood become further automated, are combined into sequences, and form a coherent system. The number of stable skills—habits—increases, which are determined by the child's internal needs rather than by external demands of adults. By the end of the preschool period, healthy lifestyle skills are applied independently, without adult reminders, on the child's own initiative.

The daily routine continues to play an important role in organizing a child's behavior. Throughout the day, the child applies previously acquired skills, improves them, and acquires new ones. Upon waking, the child makes the bed, washes, and gets dressed. The child is able to behave appropriately at the table during meals, using tableware correctly, helps parents or caregivers clear the table, and participates in washing dishes. The child also monitors personal appearance by combing their hair when noticing irregularities and taking care of clothing, recognizing when it becomes dirty or torn, and so forth [16].

At the preschool age, children already demonstrate a conscious and value-based attitude toward their own health, while acquiring skills and abilities aimed at preserving and strengthening their bodies. The continuity of health-preserving education is intended to retain the achievements of a child's prior experience and organically integrate them with new, more complex knowledge, skills, and abilities. Through neural connections between what is already familiar to children and what they learn at school, continuity of personal experience is ensured, along with its integrity, structured nature, and systematic development. It should be noted that consistency in presenting health-preserving knowledge is an important but not sufficient condition for ensuring continuity of health-preserving education, as it is necessary to consider not only the experience children possess upon entering school but also their psychophysiological changes, which become particularly pronounced at the ages of six to seven [9].

During the transition from preschool age to early school age, the proportion of play activity in a child's life significantly decreases, while intellectual capacities expand. A first-grade pupil is able to perceive and assimilate a substantially larger volume of educational information, with a noticeably higher level of generalization. Owing to the development of voluntary regulation, the child becomes capable of managing their cognitive processes—attention, memory, thinking, and imagination—directing them toward the completion of learning tasks. Although a younger schoolchild continues to engage in play, their attitude toward play changes. A preschool child perceives activities primarily as entertainment and play, whereas a younger schoolchild understands the educational orientation and social value of lessons. The child comes to school to acquire knowledge, to learn, and eventually to obtain a profession and become a fully mature adult. Health-preserving education at the preschool level involves enriching the child's sensory experience and forming basic notions about the human body, health, and a healthy lifestyle. This creates opportunities to orient health-preserving education at the primary school level toward deepening, generalizing, and systematizing prior experience and, on this basis, forming health-preserving concepts. Both educational levels are characterized by the integration and practice-oriented nature of

health-preserving knowledge, which determines the development of appropriate skills and abilities necessary for maintaining a healthy lifestyle in children [5].

The continuity of health-preserving education at the stage of a child's entry into school is based on maintaining the child's motivation to acquire health-preserving knowledge, skills, and abilities; their willingness to follow rules; and their aspiration to regulate their behavior in ways that preserve both their own health and the health of others. It is important to further develop the ability acquired in preschool age to positively evaluate actions that contribute to preserving one's own health and that of others, and to negatively evaluate actions that undermine it. At the preschool stage, motivation for health-preserving education is grounded in the child's desire for adult approval, imitation of adults, understanding of the relationship between their health status and their ability to act to satisfy personal needs, and the capacity to care for others [9]. In contrast, at the primary school stage, motivation acquires an educational orientation: the child strives to learn and acquire knowledge, cognitive interests rapidly expand and become more complex, understanding of the dependence of one's abilities and achievements on health status deepens, and a stable value-based attitude toward human health is formed [11; 15; 28].

The intellectual components of a preschool child's health-preserving education involve general awareness of health-related knowledge (at the level of notions) concerning the structure and physiology of the human body, as well as factors, methods, and techniques for maintaining health. The formation of health-preserving notions is based on the child's ability to understand cause-and-effect relationships, provided that they are sufficiently visualized. Examples of such visualization include modeling and demonstrating various situations related to health care and behavior in hazardous circumstances [17, p. 42]. Educational material for preschool children requires concreteness and unambiguity. The assimilation of health-preserving notions is facilitated by the emergence in preschool children of the capacity for elementary self-knowledge and awareness of themselves as agents and individuals. In primary school pupils, health-preserving notions become the basis for mastering concepts related to the human body, its physiology, health, and a healthy lifestyle as a fundamental means of preserving it. The importance of visual aids somewhat decreases, as pupils become capable of perceiving health-related information through mediated experience, that is, through narratives, descriptions, reading, and discussion. Knowledge about human body organs, their functions, and physiology becomes more detailed, and an understanding of the human body as a holistically organized system is formed. Pupils are introduced to the concept of the interdependence between health status, environmental factors, and human behavior [21; 30].

In the behavioral domain, health-preserving education of preschool children ensures their effective life adaptation, the ability to act in the interests of their own health and the health of others, adherence to a daily routine, and the development of psychohygienic skills and self-care abilities. The psychological and pedagogical conditions for developing the behavioral component include involving children in role-playing games and other types of child activities with health-preserving content, as well as imitation of positive adult role models. The behavior of younger schoolchildren is characterized by an increase in voluntary regulation, the ability to act according to complex multi-step instructions, comply with established rules and requirements, exercise self-control, and identify and correct mistakes. Pupils progressively improve their reading and writing skills, which makes it possible to present educational material in textual form, reduce the use of visual aids and demonstrations, organize collaborative task performance, and work toward ensuring that children are able to act independently and correctly in accordance with defined instructions and rules (guidelines) [33; 34]. In younger schoolchildren, health-preserving skills and abilities become more stable, and their repertoire is expanded through new action algorithms, such as adherence to school behavior rules, classroom safety regulations, and the adoption of a new daily routine, among others [35; 36].

A number of textbooks have been developed for the integrated primary school course "I Explore the World", including those authored by: (1) T. Hilberg et al., (2) T. Vorontsova et al., (3) O. Ishchenko et al., (4) O. Voloshchenko et al., (5) N. Bibik et al., and (6) N. Budna et al. Using the Grade 1 textbook by O. Voloshchenko et al. [4] as an example, we examine the types of knowledge that children are required to have in order to master educational material with health-preserving content. Thus, the study of safety issues and potential threats to life and health (how to get to school safely; traffic rules (p. 8); safe packaging (p. 52); how to handle technology and rules of safe behavior (pp. 60–61); safety during celebrations (pp. 124–125); road safety (pp. 126–127) is based on children's notions acquired in preschool education institutions concerning threats to life, technology and transport, roads, streets, traffic signs, and movement in public spaces. The assimilation of knowledge about the human body, its structure, and organs (sense organs – p. 28; changes in the proportion of water in the body with age – pp. 88–89) requires children's familiarity with the concepts of the body, organs, water, and age. The presentation of the topics "Professions that help people with injuries and limited mobility" (p. 62) and

"Why being healthy is fashionable" (p. 84) presupposes that first-grade pupils have developed notions of health, disability, and illness, which serve as a basis for mastering the corresponding concepts. Issues related to health preservation and treatment (how to wear a school backpack correctly – p. 9; how to take care of one's health, nutrition; daily routine and hygiene rules – p. 85; a friend is ill – pp. 124–125) can be effectively perceived by pupils provided that they possess notions of health preservation, care, nutrition, daily routine, and hygiene. Successful mastery of topics such as "How to achieve comfort in the classroom" (p. 12) and "How to respond to aggressive behavior toward oneself" (p. 22) depends on children's awareness of psychological comfort and emotional states. Understanding the dependence of human health on nature (water in the human body – pp. 88–89; why it is necessary to protect nature (water) – p. 92) is accessible to children provided that they possess notions of the human organism, nature, and environmental protection.

The textbooks proposed by various authors contain health-preserving knowledge of similar content, although certain differences can be observed. For example, in Part 1 of the textbook authored by N. Bibik et al. [3], the following topics are highlighted: "Take care of your posture" (p. 27), "Why do we need teeth?" (p. 48), and "Taking care of health in winter" (pp. 74–75). In Part 2 of the same textbook, the topics include "Who is a human being?" (pp. 10–11), safety of behavior when a child is home alone (p. 37), "When a gadget becomes an obstacle" (p. 38), and healthy nutrition (p. 42).

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The adult's participation in the initial practical performance of such actions gradually decreases compared to early childhood, when the actions of the adult and the child were closely intertwined in everyday routines. Older preschool children develop voluntary regulation of behavior and therefore begin to act according to verbal instructions. To consolidate health-preserving notions and skills, it is important to systematically and attentively monitor the child, draw attention to indicators of proper performance of hygienic procedures, explain shortcomings, and guide the child toward their further correction.

The skills acquired by a child in early childhood become further automated, are combined into sequences, and form a coherent system. The number of stable skills—habits—increases, which are determined by the child's internal needs rather than by external demands of adults. By the end of the preschool period, healthy lifestyle skills are applied independently, without adult reminders, on the child's own initiative.

The daily routine continues to play an important role in organizing a child's behavior. Throughout the day, the child applies previously acquired skills, improves them, and acquires new ones. Upon waking, the child makes the bed, washes, and gets dressed. The child is able to behave appropriately at the table during meals, using tableware correctly, helps parents or caregivers clear the table, and participates in washing dishes. The child also monitors personal appearance by combing their hair when noticing irregularities and taking care of clothing, recognizing when it becomes dirty or torn, and so forth [16].

At the preschool age, children already demonstrate a conscious and value-based attitude toward their own health, while acquiring skills and abilities aimed at preserving and strengthening their bodies. The continuity of health-preserving education is intended to retain the achievements of a child's prior experience and organically integrate them with new, more complex knowledge, skills, and abilities. Through neural connections between what is already familiar to children and what they learn at school, continuity of personal experience is ensured, along with its integrity, structured nature, and systematic development. It should be noted that consistency in presenting health-preserving knowledge is an important but not sufficient condition for ensuring continuity of health-preserving education, as it is necessary to consider not only the experience children possess upon entering school but also their psychophysiological changes, which become particularly pronounced at the ages of six to seven [9].

During the transition from preschool age to early school age, the proportion of play activity in a child's life significantly decreases, while intellectual capacities expand. A first-grade pupil is able to perceive and assimilate a substantially larger volume of educational information, with a noticeably higher level of generalization. Owing to the development of voluntary regulation, the child becomes capable of managing their cognitive processes—attention, memory, thinking, and imagination—directing them toward the completion of learning tasks. Although a younger schoolchild continues to engage in play, their attitude toward play changes. A preschool child perceives activities primarily as entertainment and play, whereas a younger schoolchild understands the educational orientation and social value of lessons. The child comes to school to acquire knowledge, to learn, and eventually to obtain a profession and become a fully mature adult. Health-preserving education at the preschool level involves enriching the child's sensory experience and forming basic notions about the human body, health, and a healthy lifestyle. This creates opportunities to orient health-preserving education at the primary school level toward deepening, generalizing, and systematizing prior experience and, on this basis, forming health-preserving concepts. Both educational levels are characterized by the integration and practice-oriented nature of health-preserving knowledge, which determines the development of appropriate skills and abilities necessary for maintaining a healthy lifestyle in children [5].

The continuity of health-preserving education at the stage of a child's entry into school is based on maintaining the child's motivation to acquire health-preserving knowledge, skills, and abilities; their willingness to follow rules; and their aspiration to regulate their behavior in ways that preserve both their own health and the health of others. It is important to further develop the ability acquired in preschool age to positively evaluate actions that contribute to preserving one's own health and that of others, and to negatively evaluate actions that undermine it. At the preschool stage, motivation for health-preserving education is grounded in the child's desire for adult approval, imitation of adults, understanding of the relationship between their health status and their ability to act to satisfy personal needs, and the capacity to care for others [9]. In contrast, at the primary school stage, motivation acquires an educational orientation: the child strives to learn and acquire knowledge, cognitive interests rapidly expand and become more complex, understanding of the dependence of one's abilities and achievements on health status deepens, and a stable value-based attitude toward human health is formed [11; 15; 28].

The intellectual components of a preschool child's health-preserving education involve general awareness of health-related knowledge (at the level of notions) concerning the structure and physiology of the human body, as well as factors, methods, and techniques for

maintaining health. The formation of health-preserving notions is based on the child's ability to understand cause-and-effect relationships, provided that they are sufficiently visualized. Examples of such visualization include modeling and demonstrating various situations related to health care and behavior in hazardous circumstances [17, p. 42]. Educational material for preschool children requires concreteness and unambiguity. The assimilation of health-preserving notions is facilitated by the emergence in preschool children of the capacity for elementary self-knowledge and awareness of themselves as agents and individuals. In primary school pupils, health-preserving notions become the basis for mastering concepts related to the human body, its physiology, health, and a healthy lifestyle as a fundamental means of preserving it. The importance of visual aids somewhat decreases, as pupils become capable of perceiving health-related information through mediated experience, that is, through narratives, descriptions, reading, and discussion. Knowledge about human body organs, their functions, and physiology becomes more detailed, and an understanding of the human body as a holistically organized system is formed. Pupils are introduced to the concept of the interdependence between health status, environmental factors, and human behavior [21; 30].

In the behavioral domain, health-preserving education of preschool children ensures their effective life adaptation, the ability to act in the interests of their own health and the health of others, adherence to a daily routine, and the development of psychohygienic skills and self-care abilities. The psychological and pedagogical conditions for developing the behavioral component include involving children in role-playing games and other types of child activities with health-preserving content, as well as imitation of positive adult role models. The behavior of younger schoolchildren is characterized by an increase in voluntary regulation, the ability to act according to complex multi-step instructions, comply with established rules and requirements, exercise self-control, and identify and correct mistakes. Pupils progressively improve their reading and writing skills, which makes it possible to present educational material in textual form, reduce the use of visual aids and demonstrations, organize collaborative task performance, and work toward ensuring that children are able to act independently and correctly in accordance with defined instructions and rules (guidelines) [33; 34]. In younger schoolchildren, health-preserving skills and abilities become more stable, and their repertoire is expanded through new action algorithms, such as adherence to school behavior rules, classroom safety regulations, and the adoption of a new daily routine, among others [35; 36].

A number of textbooks have been developed for the integrated primary school course "I Explore the World", including those authored by: (1) T. Hilberg et al., (2) T. Vorontsova et al., (3) O. Ishchenko et al., (4) O. Voloshchenko et al., (5) N. Bibik et al., and (6) N. Budna et al. Using the Grade 1 textbook by O. Voloshchenko et al. [4] as an example, we examine the types of knowledge that children are required to have in order to master educational material with health-preserving content. Thus, the study of safety issues and potential threats to life and health (how to get to school safely; traffic rules (p. 8); safe packaging (p. 52); how to handle technology and rules of safe behavior (pp. 60–61); safety during celebrations (pp. 124–125); road safety (pp. 126–127) is based on children's notions acquired in preschool education institutions concerning threats to life, technology and transport, roads, streets, traffic signs, and movement in public spaces. The assimilation of knowledge about the human body, its structure, and organs (sense organs – p. 28; changes in the proportion of water in the body with age – pp. 88–89) requires children's familiarity with the concepts of the body, organs, water, and age. The presentation of the topics "Professions that help people with injuries and limited mobility" (p. 62) and "Why being healthy is fashionable" (p. 84) presupposes that first-grade pupils have developed notions of health, disability, and illness, which serve as a basis for mastering the corresponding concepts. Issues related to health preservation and treatment (how to wear a school backpack correctly – p. 9; how to take care of one's health, nutrition; daily routine and hygiene rules – p. 85; a friend is ill – pp. 124–125) can be effectively perceived by pupils provided that they possess notions of health preservation, care, nutrition, daily routine, and hygiene. Successful mastery of topics such as "How to achieve comfort in the classroom" (p. 12) and "How to respond to aggressive behavior toward oneself" (p. 22) depends on children's awareness of psychological comfort and emotional states. Understanding the dependence of human health on nature (water in the human body – pp. 88–89; why it is necessary to protect nature (water) – p. 92) is accessible to children provided that they possess notions of the human organism, nature, and environmental protection.

The textbooks proposed by various authors contain health-preserving knowledge of similar content, although certain differences can be observed. For example, in Part 1 of the textbook authored by N. Bibik et al. [3], the following topics are highlighted: "Take care of your posture" (p. 27), "Why do we need teeth?" (p. 48), and "Taking care of health in winter" (pp. 74–75). In Part 2 of the same textbook, the topics include "Who is a human being?" (pp. 10–11), safety of behavior when a child is home alone (p. 37), "When a gadget becomes an obstacle" (p. 38), and healthy nutrition (p. 42).

For the purpose of generalizing and systematizing the previously presented information in a practical context, a questionnaire survey was conducted. It was found that the majority of respondents (89 %) indicated that health-preserving education at the preschool level and at the primary level of general secondary education is carried out in accordance with the level of a child's general mental development and age-related capabilities. At the preschool stage, this activity is focused on the child's behavior, on the acquisition of elementary health-preserving values, ideas, skills, and abilities (76 %), as well as skills that enable the child to act independently and safely in social and natural environments (92 %).

As for primary school, according to 94 % of respondents, health-preserving education contributes to the formation of children's relevant concepts of human health as a personal and social value. Children master complex algorithms of maintaining a healthy lifestyle (92 %) and develop the ability to act proactively in health-preserving matters in non-standard situations (88 %).

When considering the psychological conditions of continuity in health-preserving education of children during the preschool period and primary school education, the following was identified. One of the leading conditions, as noted by the majority of respondents (78 %), is internal psychological formations. These should be present in children in order for them to be capable of effectively acquiring knowledge and forming practical skills and abilities envisaged by health-preserving education programs. This was emphasized by 82 % of respondents, while the remaining 18 % noted the necessity for children to engage in practical motor activity in various forms. According to these respondents, this would most effectively contribute to education in the field of preserving and improving personal health, not only mental but also physical.

At the same time, almost all respondents (98 %) emphasized the need to form a system of internal personal formations in children, which should include motivational, intellectual, and behavioral characteristics (Table 1).

Table 1 – The System of Psychological and Pedagogical Conditions for Ensuring the Continuity of Health-Preserving Education in Preschool Education Institutions and Primary School

Conditions for the Continuity of Health-Preserving Education in Preschool Education Institutions and Primary School	
Psychological Conditions	Pedagogical Conditions
Motivational Component	
High motivation of the child to acquire health-preserving knowledge, skills, and abilities; a transition from cognitive–play to learning–cognitive motivation; and the formation of interest in issues of health and a healthy lifestyle.	Reduction in the use of play-based methods and a transition to setting direct learning objectives not related to play. In the formation of motives, the emphasis shifts from play-based motives to cognitive, personal, and social ones.
Intellectual Component	
Continuity of the child's experience and the ability to perceive and comprehend new information about human health.	Coordination of the content of health-preserving education in preschool education institutions and primary school, ensuring the principle of accessibility in the presentation of educational material based on feedback from pupils.
Expansion of the child's cognitive capacities, including enhanced thinking abilities for mastering concepts and the ability to analyze, generalize, and systematize health-preserving information.	Gradual increase in the theoretical level of health-preserving education while maintaining sufficient visualization, applying techniques of concretization and exemplification, and ensuring the unity of instruction with sensory experience.
Behavioural Component	
The child's transition from externally regulated to self-controlled health-preserving competence, accompanied by increasing independence in maintaining a healthy lifestyle.	Ensuring the child's independence and a gradual increase in the role of educational methods aimed at stimulating and encouraging the child's initiative in health-preserving behaviour in non-standard situations.

In addition, 58 % of respondents noted that during the first year of study in a general secondary education institution it is necessary to form intrinsic motivation in children to acquire health-preserving knowledge. Meanwhile, 42 % emphasized the priority of forming skills and abilities to carry out health-preserving activities. At the same time, almost all respondents (94 %) noted that any orientation of actions aimed at forming motivation for this activity should ensure a gradual transition from play-based cognitive motivation to learning-cognitive motivation. The main reason identified by these respondents was that the formation of a child's interest in health and a healthy lifestyle becomes an internal source of self-education, which is laid in primary school. At the same time, the remaining 6 % of respondents adhered to the position of the predominance of one of these two types of motivation (play-based cognitive or learning-cognitive).

Regarding the place and significance of the child's intellectual sphere in achieving a positive result in health-preserving education, 86 % of respondents noted the continuity of the child's experience and understanding of the connection between new material and previously

acquired knowledge. This was due to the possibility of comprehending new information about human health (68 % of respondents). The main reason lies in the development of the child's thinking at the beginning of education in a general secondary education institution, namely the ability to master information of significantly greater volume and complexity of health-preserving content (76 %). In addition, during this period the child is able to distinguish essential from non-essential information, primary from secondary (62 %), master concepts of health, the human body, and a healthy lifestyle (74 %), and rely on previously formed representations of this content when acquiring new information (88 %).

Continuity of health-preserving education in the behavioral sphere is ensured by such psychological formations of primary school children as the ability to independently and consciously care for their own health and the health of others (84 % of respondents), to voluntarily help people with health problems (68 %), the ability to control and evaluate oneself (92%), and to notice and correct mistakes in accordance with the requirements of a healthy lifestyle (92 %).

As for the pedagogical conditions of continuity in health-preserving education of children, according to 74 % of respondents, they reflect psychological conditions, while 86 % believe that they contribute to taking into account in practical activity previously formed ideas, knowledge, skills, and abilities in the field of health preservation. In this regard, it should be noted that the formation of intrinsic motivation in primary school children for health-preserving education allows for a gradual reduction in the use of game-based methods and a transition to achieving educational goals without the use of games [28]. It is also advisable to focus teachers' activities on forming such motives as awareness of the importance of human health for life achievements, the implementation of plans and intentions, and overall self-realization [23; 24]. It is also important to deepen social motives, in particular the desire to take care of the health of those around them and the understanding of health as a social value [21; 25].

The continuity of the child's experience in health-preserving education during the preschool–primary school period is also determined by such pedagogical conditions as coordination of the content of health-preserving education in preschool education institutions and primary schools of general secondary education, as well as accessibility in the presentation of educational material [13; 15]. The educational material presented to children should be systematically analyzed by the teacher. Some of the main aspects include: adequacy of terminology, representations, and concepts to the set objectives; correspondence of the examples and situations used to the content being presented and the issues under consideration.

In this context, respondents' answers to the question of important factors determining the level of formation of children's knowledge, skills, and abilities in health-preserving activities are significant. In particular, according to the results of the questionnaire survey, the majority of teachers (88 %) identify such a factor as understanding the degree of a child's awareness of the proposed content. The criteria may include: existing knowledge; knowledge that requires clarification and explanation through additional questions; and knowledge that requires repetition or further clarification. One of the most effective ways to actualize children's health-preserving knowledge, which contributes to the implementation of feedback, is solving relevant tasks during the lesson.

Discussion

At the present stage, there is a growing recognition of the importance of continuous health-preserving education for children. In this regard, problems related to various aspects of achieving positive outcomes in the pedagogical process of this orientation are becoming increasingly relevant.

The results of the conducted questionnaire survey indicate that the implementation of health-preserving education in preschool and primary education should take into account children's age-related capacities and the level of their overall mental development. This is confirmed by data from other researchers, who emphasize the importance of age appropriateness and psychological expediency in the implementation of children's health-preserving education [36]. In this context, it is necessary to ensure a child's positive attitude toward a healthy lifestyle. This can be achieved by presenting the learning process in an accessible, play-based, and emotionally engaging form. Children's mental processes (attention, memory, thinking, emotional sphere) are in the stage of active formation, which determines the requirement that educational material should not be overly complex and must be understandable for the child. In addition, consideration of age-related characteristics is essential for the effective acquisition of knowledge, the formation of skills, stable habits, and behavioral models. Only under these conditions is knowledge more easily assimilated and transformed into practical actions. Moreover, this approach helps prevent psycho-emotional overload, reduce potential anxiety and fears, decrease learning motivation, and even avoid the development of negative attitudes toward health-related topics [30].

The need to focus health-preserving educational processes on mastering elementary values, concepts, skills, and abilities is largely explained by contemporary psychological theories. In particular, the predominance of visual–figurative thinking in preschool children necessitates presenting health-related issues through concrete actions

and behavioral patterns (handwashing, proper nutrition, physical activity, etc.) [22; 27; 29]. Accordingly, educators should focus on preschoolers' behavior, and taking into account their age-related capacities when acquiring values and healthy lifestyle skills provides a solid foundation for the further development of health culture [21; 31–33].

In addition, information has been confirmed regarding the orientation of health-preserving education of preschool children toward the formation of skills for independent and safe activity. One of the main reasons for this is its correspondence to age-related characteristics and the creation of a foundation for the child's physical, mental, and social well-being [25; 38]. This is обусловлено limited life experience, high vulnerability of children, and a high probability of dangerous and risky situations. To prevent this, it is necessary to actively expand the child's life space and address the developmental tasks of this age period—namely, fostering independence, forming responsible behavior, and establishing the foundations of social competence [24; 25].

The obtained results concerning teachers' emphasis on forming concepts of health in primary school as both a personal and social value are confirmed by data from other researchers. In primary school, the content of such education naturally shifts from the formation of behavioral skills to the awareness of health as a value [8; 14]. One of the main reasons for this shift is the change in the type of children's thinking (from visual–figurative to elements of verbal–logical thinking). Another reason is related to the expansion of children's social experience: health begins to be perceived not only as a personal matter but also as a prerequisite for being able to work and act safely. In addition, primary education integrates knowledge and practical experience. Skills are comprehended, enriched with new knowledge, which contributes to the formation of a holistic understanding of health as a life value [5; 6; 9].

In connection with this continuity in health-preserving education, the problem of the formation of a set of internal psychological constructs by the beginning of schooling in preschool education institutions remains relevant. One of the main reasons is that these constructs form the basis for conscious and responsible behavior of the child in primary school [11; 13]. Among the key constructs are motivation for health-preserving activity, skills of behavioral self-regulation, elementary-level reflection, and emotional–volitional readiness [9; 29; 31]. The results of the questionnaire survey largely confirmed these findings, particularly with regard to the psychological new formations identified by educators as the most important for children.

At the same time, information confirming the exceptional importance and dominance of the practical orientation in health-preserving education is significant. Practice is the leading activity of primary schoolchildren, as children better assimilate what they do rather than what they only hear about; physical activity directly affects various characteristics of a child's psychophysical state [9; 24]. In addition, practice contributes to the formation of stable healthy habits and improves the emotional sphere. Without practice, knowledge does not lead to behavioral change; however, such change is necessary to understand the meaning of physical activity, ensure safety in performing exercises, and facilitate a gradual transition to conscious self-control [16; 37].

Conclusions

The study at the theoretical level confirmed the assumption of the growing importance of continuous health-preserving education for children during the preschool period and throughout primary school education.

The conditions for ensuring continuity in health-preserving education include: unity in the organization and methodology of program development and educational content; preparation of educators to ensure continuity; consideration of children's age-related psychophysiological characteristics; and the implementation of innovative and conceptual ideas, as well as modern educational technologies and methods.

It has been established that the psychological and pedagogical conditions of continuity in health-preserving education for preschool and primary school children should correspond to the motivational, intellectual, and behavioral components of the child's activity. Psychological conditions represent internal constructs and form the basis for pedagogical conditions related to adequate approaches to organizing and practically implementing the process of forming knowledge, skills, and abilities of health-preserving content.

At the stage of a child's entry into school, health-preserving education should include priority actions on the part of educators. Among the main ones are: ensuring a gradual increase in the child's independence; actively stimulating and encouraging the child's initiative in health-preserving behavior; and using non-standard situations during physical activity.

The prospect for further research lies in conducting an empirical study of the impact of the identified psychological and pedagogical conditions on the quality of health-preserving education of children during the preschool period and throughout primary school education.

Conflict of interest. The authors declare the absence of any conflict of interest.

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