



## Formation of the basics of health-saving competence in children of senior preschool age

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**Abstract.** The article is devoted to the study of development issues, the formation of the basics of health-saving competence in children of senior preschool age. Due to the fact that the issues of forming the basics of health-saving competence in senior preschool children in the Kazakh academic community is studied extremely poorly and is not specifically allocated, the authors based on the analysis of the structure and content of the concept of "health science" generalized theoretical provisions on the nature of health-saving competence of researchers from far and near abroad.

The results of the study will increase awareness of the effectiveness of the development of the formation of the foundations of health-saving competency in senior preschool children among the academic community and the Kazakh society as a whole, can serve as the basis for further theoretical research in the field of studying the formation of health-saving competence in senior preschool children.

**Keywords:** health-saving competence, science, preschooler, foundation, health-saving environment, conservation, formation.

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### INTRODUCTION

In the State Program for the Development of Education in the Republic of Kazakhstan for 2011 - 2020, the purpose of education: "ensuring equal access for all participants in the educational process to the best educational resources and technologies; ensuring full coverage of children with pre-school education and training of a high quality, equal access for children to various programs of pre-school education and training for their preparation for school; the formation in secondary schools of an intellectual, physically and spiritually developed citizen of the Republic of Kazakhstan, the satisfaction of his/her needs for an education that ensures success in a rapidly changing world, the development of competitive human capital for the economic well-being of the country" [1]. Preschool childhood is a period of mastering own body and consciousness by a child, a time of cognitive and social development, sexual identification, and, finally, the formation of a child's personality. The results of recognition of this by the world community has become documents of international law - the Convention on the "Rights of the Child" [2], as well as the laws of the Republic of Kazakhstan (Constitution of the Republic of Kazakhstan, Family Code of the Republic of Kazakhstan, Laws "On Education" and "On Basic Guarantees of the Rights of the Child in the Republic of Kazakhstan") [3].

The health of children of senior preschool age is always relevant, as this is a period of intensive development of the child's body, improvement and formation of all systems, organs of physical and neuropsychic development. This period is also characterized by significant plasticity of the psyche, sensitivity, great emotional responsiveness, neoplasms in the form of conscious motives and a conscious attitude to their health that is beneficial for education.

Currently, the domestic education system is in the process of modernization, the transition from a knowledge-based approach to a competency-based approach, in the context of which education should be result-oriented.

From the position of a competency-based approach, health is the ability to self-preservation, self-development and self-improvement. The value of this approach, first of all, is that health does not appear as a result of the influence of external conditions and resistance to them, but as a manifestation of internal creative activity, creativity in the process of life. Therefore, health can be considered as the target

resource of the individual, which can be controlled. Health, as a resource, must have a certain basis. It's role is the health-building potential.

Among the key competencies, researchers call the health-saving competency as one of the highest priorities, putting it in the first place. This is due to many factors. Today, researchers record instability, variability in almost all significant areas of life: educational, socio-economic, socio-cultural, spiritual, etc. Health conservation work is no exception. With the development of human sciences, it becomes possible to develop technologies that activate the health-saving resource of a person as a subject of life. Today, pedagogy is searching for constructs that adequately reflect a person's ability to health-saving.

The state compulsory standard of preschool education and training of the Republic of Kazakhstan involves the formation of key competencies (health-saving; communicative-linguistic; cognitive; creative) based on universal and national values in children of senior preschool age, the education of a creative person capable of positive relations in society. In particular, it was noted that health-saving competence allows you to: take care of your physical health and comply with life safety rules; have motor skills; express your emotional state about various events; own personal hygiene skills and the basics health-saving.

The study of the current state of the organization of the educational process and the normative software of kindergartens, elementary schools, as well as an analysis of scientific research in recent years, shows that the problem of forming the basics of health-saving competence in senior preschool children has not been the subject of research.

## MATERIALS AND METHODS

Research questions developed in accordance with the main goal of the study are the theoretical justification, development and experimental verification of pedagogical conditions and methods of forming the basics of health-saving competence in children of senior preschool age.

When conducting the research, the following methods were used: analysis of psychological and pedagogical, philosophical literature, monographic materials, courseware; comparison; generalization; modeling. Empirical methods: pedagogical observation, conversation, diagnostic (survey), the study and generalization of best practices of teachers of secondary schools, modeling of problem situations, creative tasks, the method of pedagogical experiment. Statistical methods: for data processing, quantitative and qualitative methods were used, a method of tabular presentation of experimental results, generalization of research results taking into account new facts and specific conditions.

Data is obtained from documents such as journal articles, conference proceedings, and government documents in Kazakh, Russian, and English.

As a result, the research materials can find application in the activities of state and public organizations, the competence of which includes educational policy issues.

## LITERATURE REVIEW

The formation of the basics of health-saving competence in children of senior preschool age can be considered as quite ancient and, at the same time, relatively young phenomenon. Mankind has survived and reached a modern level due to the fact that it passed on its experience and knowledge to subsequent generations, that is, it prepared them for the upcoming life and activity. However, in different historical periods, work with senior preschool children looked different.

At the senior preschool age, the first stable interests of the child begin to appear and take shape: "Another feature and consequence of the fact that in preschool age we deal with the dominance of memory is that the nature of the interests and needs of the child is completely reconstructed.

Senior preschool age is "the period of the actual formation of a person's personality", "...during which he acts not only as an object of influence, but also as a subject of activity..". Consequently, and as a subject of health formation.

The following principles in psychology regarding the mental development of a preschooler testify to the possibility of forming the basics of health-saving competence in children of senior preschool age:

- 1) the emergence of a subordination of motives;
- 2) the formation of arbitrary behavior;
- 3) the development of self-awareness;
- 4) the formation of a non-situational-personal form of communication, the content of which is including the world of people;
- 5) the formation of cognitive activity.

At present, in educational theory, to a greater extent, and in practice, to a lesser extent, there is a kind of expansion of the concepts of "competence", "competency", and "competency-based approach". This is due, on

the one hand, to following the trends of world educational practice (a consequence of globalization and openness). On the other hand, with the understanding of the falsity of the way to change educational practice, solely on the basis of improving the ways of presenting knowledge, skills, and, thirdly, with the understanding of the need to focus of education on the student's readiness for active independent and joint activities (a consequence of the mobility of the economy, synergy). These concepts are used by scientists, teachers in different contexts and interpretations, which causes differences in understanding and application, therefore, dictates the need to clarify the concepts for their further use.

In the S.I. Ozhegov's dictionary competence is defined as "knowledge, awareness, authority" [4]. We find the same semantic content of the concept of competence in D.N. Ushakov: "awareness, authority" [5], which indicates the leading knowledge component - competence is expressed in the presence of knowledge, information that allows you to authoritatively judge something. These definitions may have served as the foundation for the interpretation by some scientists and educators of competence as the basis and consequence of obtaining (appropriating) a certain amount of knowledge, skills.

In the explanatory dictionary of V. Dahl, competence is interpreted as "enjoyment of full rights". The semantic meaning of this word includes fullness, completeness, full compliance, and right, which can be considered as "full compliance with the rights", "fullness of the rights". The knowledge component, in this case, is manifested as the foundation for the exercise of rights, the foundation for the implementation of actions, approval of competence in relation to something.

The definition of competence in S.I. Ozhegov as "the terms of someone's reference" and in D.N. Ushakov "the terms of reference, the area belonging to someone else's conduct of issues, phenomena, rights". The fact of the presence of the word "right" in the terms of "competence" and "competency" prompted us to seek clarification of the words competence, competency in legal encyclopedias. So, in the low dictionary, the concept of competence is given as "the totality of the powers vested in any body or official" [5]. In this case, the definition discerns the external influence of "vesting" with the right, competence.

The most significant for our study of the concepts of "competence" and "competency", understanding the essence and nature of the acquisition of competence as a phenomenon in the formation of personality are judgments by A.M. Aronov, J. Raven, P.G. Shchedrovitsky, A.N. Tubelsky, B.I. Khasan, I. D. Frumin [12].

So, A.M. Aronov, answering the questions "Is competence an activity characteristic or not? Is competence a personal quality or an activity quality?" suggests considering competence as a person's willingness to engage in a certain activity, thereby emphasizing and affirming the activity basis of competence, based on the connection of two activities - present - educational and future - practical.

A.A. Pinsky's conclusion [11] that the concept of competence is broader than the concept of knowledge or skills, that it includes them as cognitive and operational-technological components, along with motivational and ethical, social and behavioral components, gives us an idea of the multicomponent competence supported by ideas of S.M. Zinina, A.A. Pinsky, J. Raven and other researchers.

G.S. Maylybaeva, M.V. Bondar's conclusions made on the basis of research studies, inclusive pre-school education implies co-education in the pre-school educational institution of healthy children and children with special needs. In studies on the problems of educational outcomes, competence is considered as a person's quality, which is acquired in the learning process and is one of its products [12].

The analysis shows that the terms "competence" and "competency" in the theoretical and scientific-methodological literature are not considered as part and whole, cause and effect, action and result, but mainly as identical or synonymous categories, and the term competence is the most established, more common.

For further use of the concepts of "competence" and "competency" it seems appropriate to approve the difference of these concepts and adopt their following definition:

Competence is a comprehensive personality profile that reflects the result of subjective development of knowledge, skills, relationships, manifested in willingness and ability to make responsible decisions in autonomous socially oriented activities.

Competency - the right, the competence of the subject in the performance of activities. Competencies are both a condition and a means of establishing and developing competence.

Key ones include universal competencies applicable in a wide range of life situations.

In relation to senior preschool education, the concept of competence is used by the authors:

- a) as a value orientation of education and upbringing;
- b) as a description of the expected result of development at the stage of transition to school;
- c) as a summary definition of knowledge, skills.

Just as in education as a whole, in the practice of preschool education, the concepts of competence, competency, as a rule, do not differentiate, do not carry fundamentally different semantic and substantial meanings and are used in texts as synonyms.

The initial analysis shows that competence is on a par with other indicators, that is, it exists as something separate, distinct, accompanying other manifestations of the personality. Let us consider in more detail the interpretation of the concept of "competence" by E.G. Yudina, where competence is considered as a personal characteristic, suggesting that the individual is not only informed and knows how to apply this information, but also uses it as the basis for making his own decisions [13].

The only question that remains unresolved is the question of where, in fact, competence should be manifested, in what, where a preschool child should be autonomous, in what areas he can be independent in decision-making - that is, what makes up his competency.

One of the leading scientists in the field of theory and methodology of modern preschool education M.V. Krulecht uses the concept of "competence" to determine the results obtained by a child in a preschool institution of knowledge, skills. M.V. Krulecht defines subjective competence (conceptual understanding of the objects of the surrounding world) and social competence (knowledge of the meanings and cycles of adult work; development of a child as a subject of children's activities, skills of self-organization in labor activity) as significant results of preschool age [8].

Following the opinion of the authors, competencies should arise as a result of education of children by adults, communication between children and adults, joint and independent games. Competencies must be formed, sequentially and gradually in every child. The teacher is "free in the choice of means and content", therefore, it is the teacher who determines the boundaries formed in the child and the means of formation. Each teacher, of course, will do this in his own way due to the existing professional and personal experience, that is, each teacher will either take into account a certain degree and focus, or not take into account the child's own world.

To date, researchers have recorded instability, variability in almost all significant areas of life:  
educational;  
socio-economic;  
sociocultural;  
spiritual, etc.

Health-saving work is no exception. With the development of human sciences, it becomes possible to develop technologies that activate the health-saving resource of a person as a subject of life. Today, pedagogy is searching for constructs that adequately reflect a person's ability to health-saving.

According to the World Health Organization, hundreds of millions of people suffer not only drug addiction, but also mental and psychosocial disorders. It should be noted that a significant part of psychosocial disorders can be avoided by using effective, simple, affordable, preventive measures. Moreover, the basis of most mental and neurological disorders is a complex interaction of causes, including biological, psychological, sociocultural components. The senior preschool age that we are examining is the most sensitive to all of the above components, and therefore preventive measures to preserve the health of children are the prerogative of not only employees of medical institutions, but also the education system. Health-saving work can play a significant role in solving these and other similar problems. Let us consider in more detail its essential characteristics.

In modern conditions of high technical equipment and psychophysical intensity of labor, one of the leading factors in the development of society is health. Human health reflects one of the most priority aspects of society and is closely intertwined with the fundamental human right to physical, spiritual, social well-being with the maximum duration of his active life. Health is a complex and at the same time, integral, multidimensional, dynamic state that develops in the process of realization of the genetic potential in a specific social and ecological environment and allows a person to carry out his biological and social functions to varying degrees.

The health of the younger generation is a stable core priority of sovereign Kazakhstan, a cardinal strategic goal of the country's social development. Therefore, the formation of the basics of health-saving competence in children from preschool age is one of the most important, fundamental problems of modern pedagogy of the Republic of Kazakhstan.

The preservation of health, ability to work, and nurturing a healthy lifestyle among young people was considered and is considered among the Kazakh people as one of the most important tasks of society. According to popular beliefs, the young generation should be healthy, strong, able to endure all hardships, spiritually developed, able to create, be prepared for its protection.

Highlighting the social factors affecting the preservation and development of the health of senior preschool children, we are aware that we will not be able to completely change them, this is the state's task, but

we must take into account the conditions of society in the formation of a health-saving school environment in order to preserve and develop the health of senior preschool children is imperative.

The leading role in this is to be played by the education system, which should combine the efforts of children, parents, teachers, all residents of the municipal education in organizing full-fledged life activities for children of preschool age on the basis of education, upbringing and health.

According to V.P. Kaznacheev "a social order to search for ways to preserve and develop the health of the nation should be addressed, first of all, to the pedagogical community, family members, since it is these people who are more acutely aware of their responsibility for the social, psychological, environmental well-being of new generations" [9].

Based on the analysis of the literature, we can talk about several ways that lead to a violation of the student's health: the first way — hyperemployment, educational overload — leads to a general weakening of the body, to a high incidence of diseases; the second way is the inconsistency of the organization of the educational process with sanitary-hygienic standards (illumination, the size of desks, boards), which leads to impaired posture and vision; the third way is the mismatch between the requirements of the school and the capabilities of the child, which also leads to the development of neurosis and other disorders in the psycho-emotional sphere.

The study introduced a limitation: we consider the pedagogical conditions for the formation of the basics of health-saving competence in children only of senior preschool age. The choice of the age category is due to the fact that this age is the most favorable period for the formation of the basics of health-saving competence. This is evidenced by the characteristics of the mental development of children, identified by domestic psychologists, namely: the emergence of a subordination of motives by L.N. Leontiev, V.V. Davydov, E.O. Smirnova, I.Yu. Kulagina; the formation of arbitrary behavior by A.A. Lyublinskaya, A.V. Zaporozhets, D.B. Elkonin; the development of self-awareness by R. Berne, L.F. Obukhova, G.A. Uruntaeva; the formation of a non-situational-personal form of communication by E.O. Smirnova, G.A. Uruntaeva; the formation of cognitive activity by A.V. Zaporozhets, D.B. Elkonin, N.V. Nizhegorodtseva.

Periods of intensive development of the child's body dramatically increase its sensitivity to external influences and well-being measures that are correctly conducted during this period can significantly affect the improvement of children's health. For example, cool training, traditionally recommended by all basic programs of preschool education, in senior preschool age, with its methodically correct implementation, leads to a significant improvement in all health indicators: a decrease in respiratory morbidity, an improvement in the functional state of all body systems, especially respiratory, and an increase in physical and motor development of children, which plays a huge role in improving the health of children before starting school.

The World Health Organization adopted the following definition: "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". At the age of 5-6 years, there is an active formation of all these aspects of health: physical, mental and social. In the psycho-social development of children, one can single out a special role of positive motives for performing hygienic processes, rules and physical exercises that underlie health-saving behavior.

Increasing the body's defenses includes the optimal mode of various types of activities and recreation, rational nutrition, optimal physical activity, physical education, cool training, compliance with personal hygiene rules, medical activity and dynamic monitoring of one's own health, positive environmental behavior.

In relation to preschool children, teachers need to keep in mind that not always the child himself can provide an appropriate way of life. Much depends on parents and teachers. In this sense, the child is passive, but his future behavior will largely depend on how his life is organized.

In the system of initial competencies of the child, initial key and initial special (pre-subject) competencies are distinguished.

Key competencies are characterized by multifunctionality, the ability to solve various problems in everyday life and activities, versatility, acceptability and applicability in various situations. They require the holistic development of the child (personal, emotional, sensual, intellectual spheres) as a subject of activity and behavior. The initial key competencies present the results of the child's personal experience in all its diversity (relationships, knowledge, skills, creativity, subculture).

A.G. Gogoberidze notes that in the structure of initial key competencies, the first place is the initial health-saving competence as the willingness to independently solve the problems associated with improving, strengthening and maintaining health. To do this, you need to solve the following tasks:

- observance of personal hygiene, food culture;
- determination and maintenance of a state of health, physical education;
- compliance with the rules of safe behavior in everyday life, in different types of activities and situations;
- reasonable behavior in unforeseen situations;

- providing basic medical, psychological assistance, self-help.

Thus, the study and analysis of philosophical, psychological and pedagogical literature has allowed us to highlight the content and structural components of the concept of “the basis of health-saving competence. Health-saving competence is also a process of a person's understanding of the value of a social object, and the result of this process is a person's attitude to something as a personal value. At the same time, the structure of the categories under consideration includes three components: cognitive, emotional-evaluative, and behavioral-pragmatic.

Therefore, the concept of “the basis of health-saving competence “is a person's special attitude to health, expressed in the recognition of his value as a necessary prerequisite for a person's full life and accompanied by an active-positive desire to preserve and strengthen it”.

## RESULTS

For the full realization of the goals and objectives of this work, the formation of the basics of health-saving competence in senior preschool children was investigated.

The theoretical data of the study give reason to consider health-saving competence as an integrative property of a child's personality. The essence of the definition given by us in the theoretical part of the study is taken as a basis when considering the purpose, stages of the ascertaining experiment and the development of its methodology.

The experimental work of the study was based on the implementation of the principles of socio-pedagogical activity, psychological and pedagogical diagnosis and correction. As the basic principles of the organization of pedagogical diagnostics, we used the principle of creating a “client situation”, correct interpretation, efficiency, correctiveness, possession of elements of mathematical statistics, qualitative and quantitative selection of methods in accordance with the requirements of validity, reliability and accuracy. To solve the tasks in the process of diagnosing a child's personality, research methods were used: observation, conversation, analysis of socio-pedagogical characteristics, experimental-psychological methods.

Since health-saving competence as a personality trait is manifested in a specific activity, it must therefore be studied in connection with the characteristics of this activity itself, i.e. in the process of building a health-saving competency.

Analysis of the answers to the question "Does a person need to be healthy and why?" found that a low level of perceptions on this issue (they find it difficult to answer) have - 1.1% of children from experimental groups. The middle level (the answer indicates the need to be healthy, but does not give an explanation) is 92.4% of the experimental and 90.6% of the control groups. High level (in the answer they note the need to be a healthy person due to many reasons, which boil down to one “a person is healthy - that means he will live a full life”) - 6.5% and 9.4%, respectively. Among the children's arguments there were the following: “so as not to get sick”, “to go to kindergarten”, etc.

**Table 1 . Level of perceptions in the field of health**

№	Questions	Level		
		high	medium	low
1.	What is health?	The concept of "health" is considered as a single one, consisting of several interconnected components	When defining the concept of “health”, highlights only one or two of its aspects (often physical)	Difficult to answer
2.	Does a person need to be healthy? Why?	In response notes the need to be a healthy person due to many reasons that come down to one; “If a person is healthy, then he will live a full life”	In response notes the need to be a healthy person, but cannot give arguments to his/her answer	Difficult to answer
3.	And what needs to be done in order to be healthy?	In response, identifies a sufficient number (four to eight) of the basic elements of a healthy lifestyle	In response, considers the link between health and a healthy lifestyle, while highlighting one or three basic elements of a healthy lifestyle	Difficult to answer

4.	What are you doing to be healthy?	In response identifies a sufficient number (four to eight) of the basic elements of a healthy lifestyle	In response, identifies one to three basic elements of a healthy lifestyle	Difficult to answer
5.	Look at the picture (an illustration of a threatening health situation is offered) and tell, is the boy doing the right thing? Why?	In the proposed situation, reveals all factors that threaten health, justifies the answer	In the proposed situation, does not reveal all factors that threaten health, but gives the correct answer	Difficult to answer
6.	And what would you do in this situation?	In response lists all actions aimed at maintaining health in the proposed situation	In response, does not list all actions that prevent a health hazard.	Difficult to answer

The representations in the field of health of children with a high level are conscious and deep. When considering the concept of "health", all its aspects (physical, mental and social) are distinguished. The motive for caring for health is the understanding of its value in senior preschool children, the desire to preserve and strengthen it.

**Table 2 . The level of perceptions of health in children of preschool age**

№ п/п	Questions	Level	Amount of children, %	
			Experimental group	Control group
1.	What is health?	High	-	--
		Middle	58,7	34,4
		Low	41,3	65,6
2.	Does a person need to be healthy? Why?	High	6,5	9,4
		Middle	92,4	90,6
		Low	1,1	-
3.	And what needs to be done in order to be healthy?	High	-	-
		Middle	79,3	96,9
		Low	20,7	3,1
4.	What are you doing to be healthy?	High	-	-
		Middle	85,9	96,9
		Low	14,1	3,1
5.	Look at the picture (an illustration of a threatening health situation is offered) and tell, is the boy doing the right thing? Why?	High	1,1	3,1
		Middle	78,3	90,6
		Low	20,7	6,3
6.	And what would you do in this situation?	High	2,2	-
		Middle	70,6	59,4
		Low	27,2	40,6
TOTAL:		High	1,6	2,1
		Middle	77,5	78,1
		Low	20,9	19,8

The representations in the field of health of children with middle level are substantial and differentiated, containing already somewhat formed beliefs, but often superficial and not substantiated. When considering the concept of "health", one or two of its aspects, often physical, are distinguished. Children of this subgroup have the conviction that a healthy lifestyle is necessary to observe, the result of the latter indicates a person's health, but again, within the framework of only his physical aspect, or even finds it difficult to answer. When analyzing the proposed situation that threatens human health, they unmistakably identify some factors and often cannot justify their answers.

Thus, as a result of the analysis of the educational environment and questionnaires of teachers, it was revealed that in teaching practice its capabilities are insufficiently understood and used to solve educational problems to form the basics of health-saving competence in children of senior preschool age. We believe that the positive changes in this situation are associated with the definition of new approaches to organizing the formation of the basics of health-saving competence of senior preschool children of the educational environment in the group and the activities of children in it, namely: the structure, content of the educational environment, the nature of the material and the ways of presenting it to children in connection with the need to provide each child with the opportunity to carry out activities; partner interaction or mediated adult guidance simulating the physical activity and subjective position of children in activity.

## DISCUSSION

In a comparative analysis of the results of pedagogical diagnostics (observation, conversation, questioning) at the formative stage of the experiment, significant changes in children were noted. After special work, according to the results of secondary diagnostics, the overall adaptability coefficient in the sample was 3.3, which corresponds to a higher than middle level.

Describing the data of the control stage of the experiment with respect to individual components, it can be noted that the children of the experimental group underwent positive changes at all levels of formation of the basics of health-saving competence after the formative stage of the experiment.

In the process of forming the basics of health-saving competence in senior preschool children, we have identified changes in the orientation of education: it has become more educative, shaping not only knowledge, skills and abilities, but also shaping the child's personality - his character, will, interests, abilities, needs for "active life position", in productive creative activity, self-improvement, self-education, self-teaching and self-actualization.

We consider physical culture means to be one of the leading means of preserving and developing children's health, in order to optimize which we relied on experimentally sound data, it has been concluded that the main condition for the implementation of pedagogical technologies of health-improving orientation in the system of continuous physical education is:

- use of the system of lesson and extracurricular forms of education; the development of physical education lessons in children of senior preschool age the positive attitude to a healthy lifestyle;
- a comprehensive diagnostic assessment of the effectiveness of all motor activity in children of senior preschool age at various stages of the educational process in physical education.

Experimental work has identified diagnostics as an obligatory procedure at all levels of education, aimed at organizing the educational process, differentiating the content of education, taking into account the age and individual characteristics of senior preschool children and affecting the maintenance and development of children's health. The initial capabilities of the material base, the base of premises, and the personnel base made it possible to implement approaches to the formation of the basics of health-saving competence in senior preschool children through the optimal organization of physical activity modes.

In our opinion, the problem of preserving and developing children's health should be solved taking into account the professional competencies of the educator, since the creative nature of the educational activity and the high professionalism of the teacher reduce the psychophysiological cost of the child's labor, and as a result, contribute to the preservation and development of his health [10]. In turn, the teacher's high level of health allows him to help a preschooler develop a personal program for maintaining and developing his health. In view of the foregoing, we believe that the structure of the educator's professional activity should include, along with teaching and educational activities, health-improving and correctional activities, which determines the socio-pedagogical position of the educator as a whole.

We came to the conclusion that the implementation of the pedagogical model of forming the basics of health-preserving competence in children of senior preschool age should be carried out taking into account the fact that the teacher, who solves the tasks of shaping the health-creating activity of children of senior preschool age, has to change his position and become, on the one hand, an clear carrier of healthy lifestyle, and on the other - the manager of the developmental activities of children of preschool age and himself.

The conducted pedagogical research showed that the implementation of the pedagogical model of forming the basics of health-saving competence in children of senior preschool age allows us to provide:

- the unity of the science of health and a healthy lifestyle; targeted formation in children of preschool age
- ideas about your health, your abilities and skills to maintain, develop your health;
- preservation of national traditions and the birth of new health-preserving traditions, their use in upbringing and training, and in raising the professional competence of the educator;
- improving the scientific, methodological, didactic support for the formation of the basics of health-saving competence in children of senior preschool age.

The implementation of the pedagogical model allows us to solve the urgent pedagogical problem of finding a balance between intellectual development, the active socialization of senior preschool children and the preservation and strengthening of their health.

The development and implementation of the pedagogical model of the health-saving environment of the comprehensive school was carried out by us along three system-forming lines: optimization of the mode of motor activity; formation of a system for the development of mental health of children of senior preschool age; arming the educator with new professional competencies, the leading of which is the attitude to health as a priority personal value.

The construction of a program for the preservation and development of the health of children of senior preschool age with a focus on a healthy lifestyle required the diagnosis of both the initial state of health and the diagnosis of its changes, the effectiveness of the process of preservation and developing the health of senior children of preschool age.

The diagnostic complex was determined by us based on the objectives of the program, the stages of its implementation and is presented by medical-physiological, social-pedagogical and personal methods.

The initial diagnostics stage performed the function of collecting information about the state of the educational environment and the health status of children of senior preschool age. The characteristics of the state of the educational environment were formed in two blocks:

- the intra-school environment, determined by the material and technical support of the educational process, the characteristics of the teaching staff, sanitary and hygienic conditions, the organization of the educational process;
- extracurricular environment, due to family and society. The initial diagnosis of the educational environment was carried out by us to identify the degree of its correspondence (noncorrespondence) to age, gender, individual characteristics in children of senior preschool age, their adaptive capabilities in order to timely identify risk factors for health, education and development in children of senior preschool age.

A comprehensive initial diagnosis of children of senior preschool age included the following indicators: 1) anamnesis (biological and social); 2) the level of health (physical and mental); 3) the level of development (physical, psychophysiological); 4) the level of learning; 5) the level of education.

The information obtained as a result of the diagnostics was subjected to subsequent computer processing and analysis using the methods of mathematical statistics and constituted the base data bank for a number of integral indicators.

The preservation and development of mental health of children of senior preschool age as an integral part of the concept of "health" was provided by us in several areas in our work, depending on the individual typological characteristics, age and features of the preschool child's training period.

In the course of our research, we have built two vectors for the preservation and development of the mental health of children of senior preschool age:

- introduction to periods of crisis situations of children with psychology lessons,
- providing psychological support for both teaching and learning and educational processes, and the processes of preservation and developing children's health.

The development and formation of the individuality of each child presupposed the formation of his psychological readiness for self-determination in life, for creative activity in society, taking into account his individual style of activity. In turn, the formation of an individual style of educational activity of children of preschool age depending on the basic psychosomatic properties - one of the main tasks of the educator, the solution of which helped to eliminate many difficulties of the student in learning activities, school adaptation. In preserving the mental health of senior preschool children, we saw our task of helping each student to create himself, to teach children in accordance with the nature of each, adapting the ways and conditions of learning to the child, and not vice versa. The main thing in solving these problems is the creation of a subject-developing space, the psychological, pedagogical and valueological support of its functioning

An analysis of the results of the ascertaining experiment revealed the following levels of formation of the value attitude to health in children of senior preschool age:

**Table 3 .The levels of the formation of the value attitude to health in children of preschool age**

Emotional-evaluative	High	20,4	26,6
	Middle	42,5	38,2
	Low	37,1	35,1
Behavioral-pragmatic	High	29,3	40,6
	Middle	45,7	43,8
	Middle		
Total:	High	17,1	23,1
	Middle	55,2	53,4
	Low	27,7	23,5

The representations in the field of health of children with a high level of cognitive component are conscious and deep. When considering the concept of "health", all its aspects (physical, mental and social) are distinguished. The motive for caring for health is the understanding of its value, the desire to preserve and strengthen it.

The representations in the field of health of children with middle level of cognitive component are substantial and differentiated, containing already somewhat formed beliefs, but often superficial and not substantiated. When considering the concept of "health" they distinguish one or two of its aspects, often physical. Children of this subgroup have the belief that a healthy lifestyle is necessary, the result of the latter is considered human health, but again within the framework of only its physical aspect. When analyzing the proposed situation that threatens human health, they accurately identify some factors.

The representations in the field of health of children with a low level of cognitive component are superficial, often inadequate.

A high level of emotional-evaluative component is found in 20.4% of children from the experimental and 26.6% from the control group; the middle level is 42.5% and 38.2%; low - 37.1% and 35.2%, respectively.

Children with a high level of emotional-evaluative component are characterized by a pronounced positive emotional orientation towards the implementation of actions aimed at maintaining and strengthening health (physical exercises, cool training, sports competitions, etc.). They can independently and objectively evaluate their own behavior and the behavior of other people in accordance with the knowledge that health is a value.

Children with middle level of emotional-evaluative component are characterized by a positive emotional orientation toward the implementation of actions aimed at maintaining and strengthening health (physical exercises, cool training, sports competitions, etc.), often manifested by an unwillingness to do something, etc. They often cannot independently and objectively evaluate their own behavior and the behavior of other people in terms of health-saving.

Children with a low level of emotional-evaluative component are characterized by an indifferent, often negative attitude towards the implementation of actions aimed at maintaining and strengthening health, manifested by a lack of interest, refusal to perform, and crying. They cannot independently and objectively evaluate their own behavior and the behavior of other people.

A high level of behavioral-pragmatic component has 29.3% of children from the experimental and 40.6% from the control group; the middle level is 45.7% and 43.8%; low - 25.0% and 15.6%, respectively. Children with a high level of behavioral-pragmatic component, with great pleasure and on their own initiative, take an active part in various activities focused on maintaining and strengthening health (physical exercises, cool training, swimming, etc.). They have an idea about the need for certain recreational activities.

Children with middle level of behavioral-pragmatic component, with pleasure, but sometimes without personal initiative ("so as not to scold") perform any actions aimed at maintaining and strengthening health (physical exercises, cool training, etc.). Often they have no idea about the need for certain recreational activities.

Children with a low level of behavioral-pragmatic component refuse to perform actions aimed at maintaining and strengthening their health (physical exercises, cool training, etc.). They have no idea about the need for certain recreational activities.

Thus, 17.1% of children from the experimental and 23.1% from the control group have a high level of formed value attitude to health; the middle level is 55.2% and 53.4%; low - 27.7% and 23.5%, respectively.

**Table 4 . The levels of formation of the value attitude to health in children of senior preschool age**

Emotional-evaluative	High	20,4	26,6	24,8	27,5
	Middle	42,5	38,2	56,5	38,2
	Low	37,1	35,1	18,7	34,3
Behavioral-pragmatic	High	29,3	40,6	42,4	28,2
	Middle	45,7	43,8	50,0	55,5
	Low	25,0	15,6	7,6	16,3
Total:	High	17,1	23,1	24,2	19,5
	Middle	55,2	53,4	64,1	57,1
	Low	27,7	23,5	11,7	23,4

Describing the data of the control stage of the experiment with respect to individual components, it can be noted that the children of the experimental group underwent positive changes at all levels of formation of the basics of health-saving competence after the formative stage of the experiment. So, the number of children from the experimental group with a high level of cognitive component has increased significantly - from 1.6% to 5.4%. The ideas about the health and its significance of these children are conscious and deep. When considering the concept of "health", all its aspects (physical, mental and social) are distinguished. The motive for forming the basics of health-saving competence is the understanding by children of its values, the desire to preserve and strengthen it. In the control group, the indicator in question changed only from 2.1% to 2.8%.

The number of children in the experimental group with middle level in the cognitive component increased from 77.5% to 85.9%. The representations in the field of health of children with middle level of cognitive component are substantial and differentiated, containing already somewhat formed beliefs, but often superficial and not substantiated. When considering the concept of "health", one or two of its aspects, often physical, are distinguished. Children of this subgroup have the conviction that a healthy lifestyle is necessary, the result of the latter indicates a person's health, but again, within the framework of only his physical aspect, or in general it is difficult to explain the answer. When analyzing the proposed situation that threatens human health, they unmistakably identify some factors and often cannot justify their answers. In the control group, the number of children in this subgroup did not change (77.7% and 78.1%). The differences in the number of children with a low level of the cognitive component are significant. In the experimental group, their number decreased from 20.9% at the stage of the ascertaining experiment to 8.7% after the formation experiment; in the control group, the indicator in question did not change (19.8% and 19.5%). The ideas about the health and its significance of these children are characterized as superficial and inadequate.

A study of the levels of the emotional-evaluative component also revealed serious positive changes in the children of the experimental group. Thus, the number of children having an initially high level in terms of their emotional-evaluative component increased, from 20.4% to 24.8%.

These children are characterized by a pronounced positive emotional orientation towards the implementation of actions aimed at maintaining and strengthening health (physical exercises, cool training, sports competitions, etc.). They can independently and objectively evaluate their own behavior and the behavior of other people from the point of view of health-saving. In the control group, the number of children in this subgroup changed slightly - from 26.6% to 27.5%.

The number of children from the experimental group who have middle level in the emotional-evaluative component has also increased, from 42.5% to 56.5%. These children are characterized by a generally positive emotional orientation towards the implementation of actions aimed at maintaining and strengthening health (physical exercises, cool training, sports competitions, etc.), often manifested by an indifferent attitude to performing actions, unwillingness to do something, etc. They often cannot independently and objectively evaluate their own behavior and the behavior of other people in terms of health-saving. In the control group, the number of children in this subgroup did not change and amounted to 38.2%.

The number of children with a low level of emotional-evaluative component in the experimental group decreased by 18.4% and amounted to 18.7% after the formative experiment (at the stage of the ascertaining experiment, their number was 37.1%). These children are characterized by an indifferent, often negative attitude towards the implementation of actions aimed at maintaining and strengthening health (physical exercises, cool training, sports competitions, etc.), which is manifested in the first case - lack of interest, in the second - refusal to perform, weep. They cannot independently and objectively evaluate their own behavior and the behavior of other people in terms of health-saving. In the control group, the number of children in this subgroup slightly decreased and amounted to 34.3% (35.1% at the

stage of the ascertaining experiment).

And finally, a study of the levels of the behavioral-pragmatic component also revealed some changes. The number of children from the experimental group with a high level increased from 29.3% to 42.4%. These children with great pleasure and on a personal initiative take an active part in various activities focused on maintaining and strengthening health (physical exercises, cool training, swimming, etc.). They have an idea about the need for certain recreational activities. In the control group, the number of children in this subgroup decreased by 12.4% and amounted to 28.2% (at the stage of the ascertaining experiment, their number was 40.6%). The number of children from the experimental and control groups having middle level in the behavioral-pragmatic component has also changed. The number of children from the experimental group increased from 45.7% to 50.0%; in the control group, from 43.8% to 55.5%. Children with middle level of behavioral-pragmatic component, with pleasure, but sometimes without personal initiative (“so as not to scold”) perform any actions aimed at maintaining and strengthening health (physical exercises, cool training, swimming, etc.). Often they have no idea about the need for certain recreational activities.

And finally, the number of children with a low level in the behavioral-pragmatic component in the experimental group decreased by 17.4% and amounted to 7.6% after the formative experiment (at the stage of the ascertaining experiment, their number was 25.0%). In the control group, this indicator increased slightly and amounted to 16.3% (at the stage of the ascertaining experiment - 15.6%). These children refuse to perform any actions aimed at maintaining and strengthening health (physical exercises, cool training, swimming, etc.). They have no idea about the need for certain recreational activities.

Thus, according to the table, the number of children with a high level of formation of the basics of health-saving competence at the ascertaining stage of the experiment was 17.1% of children from the experimental and 23.1% from the control group; at the stage of the control experiment - 24.2% and 19.5%, respectively.

The number of children with middle level of formation of the basics of health-saving competence at the stage of the ascertaining experiment was 55.2% of children from the experimental group and 53.4% from the control group; at the stage of the control experiment - 64.1% and 57.1%, respectively.

The number of children with a low level of formation of the basics of health-saving competence at the stage of the ascertaining experiment was 27.7% of children from the experimental group and 23.5% from the control group; at the stage of the control experiment - 11.7% and 23.4%, respectively.

Summarizing the results of the formative stage of the experiment, it should be noted that qualitative and quantitative changes occurred in the personality of the child, in all spheres of his activity (communication, teaching, labor, physical and creative activities).

Based on this, the quantitative composition of groups of pupils according to the level of socialization has undergone changes (table 3 and diagram 1).

**Table 5.** Comparative quantitative dynamics of children according to the level of formation of the basics of health-saving competence at the formative stage of the experiment

№	Level of formation	Number of pupils (people)	
		Experimental group	Control group
1.	High level	10	6
2.	Middle level	23	18
3.	Low level	8	19

## CONCLUSION

The theoretical provisions and the data of the pilot testing made it possible, on the whole, to come to the following conclusions:

1. A theoretical study of the problem of forming the basics of health-saving competence in senior preschool children from the perspective of domestic educators and psychologists, as well as a number of foreign scientists, reveals the psychological and pedagogical essence of interest. Studying and analyzing the scientific literature on the research problem made it possible to determine the content of the concept of “the basis of health-saving competence”, which represents a person’s special attitude to health, expressed in the recognition of his value as a necessary prerequisite for a person’s full life and accompanied by an active-positive desire to preserve and strengthen it, and includes three structural components: cognitive (perceptions, knowledge, judgments), emotionally-evaluative (emotions, assessment) and behavioral-pragmatic (behavioral reactions, activity orientation).
2. The justification of the possibility and necessity of forming the basics of health-saving competence in

children of senior preschool age is determined by scientific and theoretical provisions on the organization of independent motor activity of children, involves planning, the essence of which is to recognize the ways, means, conditions and methods of action that should lead to the achievement of goals; about the accessibility of planning one's own activity as the ability to outline the sequence in the implementation of a plan, to think over and express in a word what the child is going to do.

3. The model of the process of forming the basics of health-saving competence of senior preschool children, developed in the logic of the implementation of structural components, includes the following areas: knowledge of children in the field of the basics of health-saving competence, improving the educational level of teachers, educating parents, health-saving support for the educational process in schools and organization forms that ensure implementation in this area.

The model for the formation of the basics of health-saving competence, containing the criteria and indicators that ensure the child's ability and need to self-preserve health, has confirmed its effectiveness and efficiency. The main principles of building the model were the consideration of age and individual characteristics, humanization, value-semantic, moral, awareness and activity that determine the content, technology and position of the child in the educational space.

4. The study showed that the formation of the basics of health-saving competence in children of senior preschool age will be successful when the following pedagogical conditions are implemented:

- organizational and pedagogical;
- didactic;
- personal-activity.

The revealed pedagogical conditions for the formation of the basics of health-saving competence in children of senior preschool age can be used in senior preschool groups of all types of secondary schools, as well as in the system of retraining of teaching staff, as their effectiveness and expediency is proved by the course and results of experimental work.

5. The technique of forming the basics of health-saving competence of children of senior preschool age adequate model. The diagnostics of the formation of the basics of health-saving competence of children of senior preschool age revealed by us in an experimental study will allow educators, parents to carry out correction of individual development, physical, mental health, the formation of the basics of health-saving competence.

As guidelines, we offer the following:

- 1) make maximum use of the possibilities of educational disciplines in the educational process of the senior preschool group, which are the basis for the formation of the foundations of the health-saving competence of children of this age group;
- 2) when organizing work on the formation of the fundamentals of health-saving competence of senior preschool children, take into account their needs and individual capabilities and features.
- 3) systematically carry out the diagnosis and correction of violations of individual development, physical and mental health of children;
- 4) to encourage and stimulate children actively participating in a variety of health-saving activities, to help them realize themselves in creative endeavors.

The results obtained and conclusions formulated on their basis do not pretend to be an exhaustive study of the problem under consideration. The accumulated theoretical and experimental material requires further development and refinement. A promising direction, in our opinion, is a set of studies aimed at developing the basics of health-saving competence in the continuing education system.

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