турмуштан алынган мисалдардын үстүндө иштегенде материалды тез кабыл аларын жазган [5]. Бул студенттин математикага болгон мамилесин өзгөртүп, аны жөн гана «түшүнүк» эмес, практикалык «курал» катары кабыл алууга шарт түзөт.

Практикалык көндүмдөр математикалык компетенциянын түпкү негизи болуп, студентти:

– реалдуу кырдаалды анализдөөгө;

– сандык маалыматты түшүнүүгө жана колдонууга;

– логикалык ой жүгүртүүгө;

– кесиптик маселелерди моделдөөгө;

– прогноз жасоого жана чечим кабыл алууга үйрөтөт.

Окумуштуулардын эмгектеринде белгиленгендей, практикалык багыттагы тапшырмаларсыз математикалык билим толук калыптанбайт жана компетенттүүлүк деңгээли төмөн бойдон калат.

Демек, математика менен гуманитардык илимдердин интеграциясынын актуалдуулугу төмөнкү негиздер менен тастыкталат:

– гуманитардык илимдерде сандык методдордун мааниси өсүүдө;

– коомдук-экономикалык процесстерди моделдөө математикасыз мүмкүн эмес;

– объективдүү талдоо жана прогноздоо үчүн математикалык инструменттер зарыл;

– интеграция компетенттүүлүккө негизделген окутуунун негизги талаптарынын бири болуп саналат;

– санарип доору гуманитардык адистерден сандык сабаттуулукту талап кылат.

Бул аргументтер орус жана кыргыз окумуштууларынын изилдөөлөрү менен ырасталып, билим берүүдө интеграциянын заманбап талаптардын бири экенин көрсөтөт.

Демек, гуманитардык адистиктеги студенттерге математика курсун кесиптик компетенттүүлүктүн негизинде, мазмундук жана методикалык жактан адаптацияланган түрдө окутуунун өзгөчөлүктөрү жана механизмдери аныкталды.

Колдонулган адабияттар

1. Абдиев Ж. Б. Социалдык-экономикалык процесстерди математикалык моделдөө. – Бишкек, 2021.
2. Абдраманова Ж. Гуманитардык билим берүүдө математикалык компетенттүүлүктүн ролу. – Бишкек, 2020.
3. Давыдов В. В. Теория развивающего обучения. – Москва: Педагогика, 1996.
4. Данилов А. А. Количественные методы в гуманитарных науках. – Москва, 2019.
5. Колмогоров А. Н. Математика – наука и профессия. – Москва: Наука, 1985.
6. Самарский А. А. Математическое моделирование: идеи и методы. – Москва: Физматлит, 2001.
7. Сатаров А. К. Гуманитардык билим берүүдө интеграциянын ролу. – Бишкек, 2020.
8. Уметалиев А. Математикалык логиканын негиздери жана колдонулушу. – Бишкек: Кыргызстан, 2015.

Рецензент: педагогика илимдеринин кандидаты, доцент Б.М. Мусаев

УДК: 378.4
DOI 10.58649/1694-9099-2026-3-31-36

Чжоу Цзунцзе, Карабалаева Г.Т.
Жусуп Баласагын атындагы КУУ
Чжоу Цзунцзе, Карабалаева Г.Т.
КНУ имени Жусупа Баласагына
Zhou Zongjie, Karabalaeva G.T.
KNU Jusup Balasagyn

КЫТАЙДАГЫ ОКУУЧУЛАР ЖАНА СТУДЕНТТЕР АРАСЫНДА СЕРГЕК ЖАШОО МАДАНИЯТЫН КАЛЫПТАНДЫРУУ
ФОРМИРОВАНИЕ КУЛЬТУРЫ ЗДОРОВОГО ОБРАЗА ЖИЗНИ У УЧАЩИХСЯ И СТУДЕНТОВ КИТАЯ
FORMING A HEALTHY LIFESTYLE CULTURE AMONG SCHOOLCHILDREN AND UNIVERSITY STUDENTS IN CHINA

Кыскача мүнөздөмө: Макалада Кытайдагы окуучулар жана студенттер арасында сергек жашоо образына байланыштуу адаттардын калыптанышынын учурдагы абалы жана ага таасир этүүчү факторлор боюнча жүргүзүлгөн изилдөөнүн жыйынтыктары берилген. Талдоо көрсөткөндөй, окуучулар менен студенттердин көпчүлүгүндө сергек жашоо маданияты боюнча билим деңгээли жетишсиз болуп, бул туура эмес тамактануу, физикалык активдүүлүктүн төмөн болушу жана эс алуу режиминин бузулушу аркылуу көрүнөт. Өзгөчө жогорку класстын окуучуларында окуу жүгүнүн көптүгүнө байланыштуу бул маселеге көңүл буруу деңгээли төмөн экени аныкталган. Окуучулар менен студенттердин жүрүм-турумдук адаттары тез даярдалуучу тамак-ашты көп колдонуу, жетишсиз уйку жана физикалык активдүүлүктүн төмөн деңгээли менен мүнөздөлөт. Үй-бүлөлүк чөйрө, мектеп, социалдык жана саясий факторлор ден соолукка байланышкан баалуулуктардын жана адаттардын калыптанышына олуттуу таасир этет. Айрыкча үй-бүлөнүн таасири жана педагогдордун ролу сергек жашоо маданиятын өнүктүрүүдө чечүүчү мааниге ээ болсо, үгүт-насаат иштеринин жана саясий колдоонун деңгээли аймактар боюнча бирдей эмес бойдон калууда. Изилдөө билим деңгээлин жогорулатууга, сергек жашоо адаттарын калыптандырууга жана Кытай жаштарынын ден соолугун чыңдоого багытталган комплекстүү чараларды ишке ашыруунун зарылдыгын баса белгилейт.

Аннотация: В статье представлены результаты исследования текущего состояния формирования здоровых привычек у учащихся и студентов Китая, а также факторов, влияющих на данный процесс. Анализ показал, что большинство учащихся и студентов обладают недостаточным уровнем знаний о культуре здорового образа жизни, что проявляется в нерациональном питании, низком уровне физической активности и нарушении режима отдыха. Особенно слабое внимание к данной сфере наблюдается у старшеклассников из-за высокой учебной нагрузки. Поведенческие привычки учащихся и студентов характеризуются высоким потреблением фаст-фуда, недосыпанием и низким уровнем физической активности. Семейные, школьные, социальные и политические факторы существенно влияют на формирование системы ценностей и привычек, связанных со здоровьем. В частности, семейное окружение и роль педагогов оказывают решающее влияние на развитие культуры здорового образа жизни, тогда как уровень пропагандистской работы и политической поддержки остается неравномерным в разных регионах. Исследование подчеркивает необходимость реализации комплексных мер, направленных на повышение уровня знаний, формирование здоровых привычек и создание благоприятной культурной среды для укрепления здоровья молодежи в Китае.

Abstract: The article presents the results of a study on the current state of healthy habit formation among schoolchildren and university students in China, as well as the factors influencing this process. The analysis showed that most schoolchildren and university students have an insufficient level of knowledge about healthy lifestyle culture, which is reflected in unhealthy dietary practices, low physical activity, and disrupted rest patterns. High school students pay particularly little attention to this area due to heavy academic pressure. The behavioral habits of schoolchildren and university students are characterized by high consumption of fast food, insufficient sleep, and low levels of physical activity. Family, school, social, and political factors significantly influence the formation of values and habits related to health. In particular, the family environment and the role of educators have a decisive impact on the development of a healthy lifestyle culture, while the level of promotional work and political support remains uneven across regions. The study highlights the need for comprehensive measures aimed at improving knowledge, fostering healthy habits, and creating a supportive cultural environment to promote youth health in China.

Негизги сөздөр: сергек жашоо образы; жаштар; тамактануу; физикалык активдүүлүк; таасир этүүчү факторлор; үй-бүлө; мектеп; саясат.

Ключевые слова: здоровый образ жизни; молодёжь; питание; физическая активность; влияющие факторы; семья; школа; политика.

Keywords: healthy lifestyle; youth; nutrition; physical activity; influencing factors; family; school; politics.

1. Relevance of problem statement and research. At present, the Chinese student population is facing health risks such as imbalances in diet structure (high fast food intake, insufficient intake of vegetables and fruits), irregular work and rest patterns (middle school students do not get enough sleep for 8 hours a day due to academic pressure, and college students stay up late due to entertainment/part-time work), insufficient physical exercise (data from the Ministry of Education show that in 2023, the rate of moderate-intensity exercise for students more than 3 times a week is only 41.2%), and the awareness of “healthy lifestyle” mostly stays at the “disease-free” level, and lacks a conscious identity at the cultural level-that is, “healthy life is a daily habit, value and group” has not been formed. The cultural cognition of "consensus" [1].

From the perspective of the times, the “Healthy China 2030” strategy clearly proposes to “integrate health education into the national education system and establish and improve the health promotion and education system”. As the core force of the country's future development, the formation of a healthy lifestyle culture is directly related to the effect of the strategy; from the perspective of education, the current health education in Chinese schools focuses on “knowledge transfer” (such as disease prevention) and ignores “cultural construction” (such as the long-term development of healthy habits and the creation of a healthy atmosphere in the group), which makes the effect of health education unsustainable; from the perspective of social values, the formation of a healthy lifestyle culture for students can radiate the family and society, and promote the health literacy of the whole people. Improve and relieve future public health pressures.Therefore, this research focuses on the “formation of healthy lifestyle culture for Chinese students”, which has important theoretical supplementary value and practical guiding significance.

2. Analysis of recent research and publications. There have been studies at home and abroad that have conducted multi-dimensional discussions around students' healthy lifestyles: in foreign studies, the WHO (2021) "Global School Health Guide" proposes a health promotion model of “school-family-community collaboration", emphasizing the strengthening of students' health identity through campus cultural activities; American scholar Li M.(2022) Through follow-up research, it has been found that “culturally permeable” health education (such as integrating health concepts into the campus environment and classroom interaction) can promote students' habit development better than “single curriculum teaching”.

In domestic research, Wang Hua (2023) pointed out in “Research on the Current Situation of Healthy Lifestyles of Chinese Students” that family upbringing and school sports facilities allocation are key factors affecting students' healthy behavior; Zhang Qi (2022) proposed the establishment of a “home-school healthy communication mechanism” in "Exploring the Path of Home-school Collaboration to Promote Adolescent Health", but it did not involve the "cultural Level" system construction.

There are still three unresolved core problems in existing research: first, at the cognitive level, students' cognitive biases and causes of “healthy lifestyle culture” have not been analyzed in depth, and “healthy behavior” and “culture” are mostly separated; second, at the practical level, there is a lack of specific path design for “cultural formation” (such as how to promote healthy habits through campus culture and social atmosphere into cultural consensus); third, at the collaborative level, although “home-school-community collaboration” is mentioned, the role of each subject in “cultural construction” is not clear [5]. Division of labor and linkage mechanism.This research will focus on the above-mentioned gaps and fill the research gap of "students' healthy lifestyles from'behavioral guidance'to'cultural formation’".

3. The theoretical basis, methodology and empirical basis of research.

(1) Theoretical basis

1. Health education Theory：Drawing on the ”KAP Theory" (KAP Theory), ”health cognition-health belief-health behavior-cultural formation" is regarded as a progressive process, and it is clear that “cultural formation” is the highest stage of ”knowledge and trust" (that is, healthy behavior is internalized into group consensus)；

2.Cultural sociology Theory：Using the "cultural identity theory”, it is believed that the formation of a healthy lifestyle culture needs to go through four stages of "cognitive identity (understanding the connotation of healthy culture) emotional identity (emotional tendency to produce a healthy life) behavioral identity (practicing healthy habits) group identity (forming a group healthy atmosphere)” [6]；

3.Life cycle theory：Combining the physiological and psychological characteristics of Chinese students in different grades (elementary school, junior high school, high school, university) (such as primary school students need habit guidance, high school students need health management under pressure), differentiated design culture forms a path.

(2) Research methodology

This study uses a "hybrid research method”, including：

1. Literature research method：Sort out the ”Healthy China 2030" policy documents, domestic and foreign student health education literature and school practice cases, and clarify the research framework；

2. Questionnaire survey method：Selected three provinces in East (Zhejiang), Central (Hubei), and West (Sichuan) of China, covering 12 primary and middle schools (4 elementary schools, 4 junior high schools, and 4 high schools) and 8 universities, a total of 2,000 questionnaires were distributed, and 1,862 valid questionnaires were recovered (effective rate 93.1%). The survey content includes the status quo of students' health behavior, health culture cognition, and influencing factors (family/school/society)；

3. In-depth interview method：Select students (40 people in all grades), teachers (20 health education teachers), parents (20 people) and health education experts (10 people) to conduct semi-structured interviews, lasting 30-60 minutes/person, to explore the deep obstacles and needs of "healthy lifestyle culture formation”；

4. Case analysis method：Select three "healthy lifestyle culture construction demonstration schools" (such as a primary school in Hangzhou, a high school in Wuhan, and a university in Chengdu) and analyze their successful experiences (such as campus health activity design, home-school collaboration mechanism).

(3) Basis of experience

1. Domestic policy and practical experience：The ”Special Action for Student Health Promotion“ in the ”Healthy China 2030" strategy and the "Guiding Principles for Health Education in Primary and Secondary Schools (2022 Edition)" of the Ministry of Education provide the policy basis; some schools in Beijing, Shanghai and other places have carried out ”Campus Health Culture Festival“ and ”Healthy Class Selection" and other practices, which provide case references for research.；

2. Learn from experience abroad：Finland's "all-round school health model“ (integrating the concept of health into the curriculum, canteen diet, and campus environment) and Japan's ”food education culture“ (cultivating a healthy food culture through home cooking classes and campus dietitian system) provide practical ideas for ”cultural construction".

4. The main results of the research

(1) The current situation of Chinese students' healthy lifestyle culture

1. Cognitive level：82.3% of students believe that “healthy life means not getting sick”, and only 17.7% can accurately say “healthy lifestyle culture includes habits, concepts, and group atmosphere”; high school students pay the lowest attention to healthy culture due to academic pressure (the cognitive accuracy rate is only 11.2%)；

2. Behavioral level：In terms of diet, 63.5% of students consume fast food ≥3 times a week, and the average daily intake of vegetables and fruits is only 38.6%; in terms of work and rest, the average daily sleep of middle school students is ≤7 hours, accounting for 58.4%, and college students stay up late (fall asleep after

early morning) accounted for 42.1%; in terms of exercise, 39.8% of students who exercise at moderate intensity more than 3 times a week, and 71.3% of high school students exercise for less than 30 minutes a day.% ;

3.Cultural atmosphere level : Only 29.4% of schools regularly carry out “health cultural activities“ (such as health knowledge competitions, sports check-in); 67.2% of parents said that they ”pay more attention to their children's grades, and healthy habits can be cultivated in the future“; community health publicity focuses more on ”the health of the elderly", and health culture publicity for students accounts for less than 20%.

(2) Key influencing factors in the formation of a healthy lifestyle culture

1.Family factors : Parents' health habits (such as those whose parents work and rest regularly, the children's work and rest compliance rate is 37.5% higher) and the concept of health education (only 31.6% of parents take the initiative to convey the concept of “health culture” to their children) are the core influencing factors ;

2. School factor : The opening rate of health education courses (92.3% in primary schools and only 61.5% in high schools), the frequency of campus health cultural activities (schools with ≥1 activity per month, the compliance rate of students' health behaviors is 28.7% higher), and the role of teachers in health demonstration (schools where teachers practice healthy habits, the student participation rate is 41.2% higher) ;

3. Social factors : Fast food culture promotion (68.3% of students are exposed to fast food advertisements ≥2 times a day), electronic product temptation (59.1% of college students use electronic products ≥6 hours a day), community health support (only 18.9% of communities provide students with healthy activities) ;

4. Policy factors : The implementation of local policies is strong (the implementation rate of school health policies in the eastern provinces is 82.1%, compared with 57.6% in the western regions), and the evaluation mechanism is lacking (only 23.5% of regions include the construction of student health culture in school assessments).

(3) Refining the successful experience of the demonstration school

1. School level : Build a health culture system of “curriculum + activities + environment”-offer "compulsory health culture courses” (such as “healthy habit development” in primary school and “stress and health management” in high school), carry out monthly "health culture weeks” (such as sports check-in, healthy recipe design), and integrate health concepts into campus publicity columns and broadcasts. ;

2. Family level : Establish a "parent health school”, conduct 2-3 health lectures every semester, distribute the "Family Health Culture Manual", and organize “home-school healthy parent-child activities” (such as family sports games) ;

3. Community level ： Cooperate with the community health service center to provide students with free health consultations, open community sports venues (exclusive weekend hours), and jointly carry out the “Community Health Culture Festival”.

V. Conclusion and prospects for use

(1) Research conclusions

1. There are “triple obstacles” to the formation of a healthy lifestyle culture for Chinese students : Cognitively, there is insufficient understanding of the connotation of "healthy culture”, and there is a deviation of “serious disease prevention and light cultural identity"; in practice, healthy behavior lacks continuity and is difficult to transform into long-term habits; in terms of synergy, the linkage of family, school, society, and policy (hereinafter referred to as “home-school social policy”) is insufficient, and a synergy of cultural construction has not been formed. ;

2. “Home, school, social and cultural cooperation" is the “core mechanism” to promote the formation of students' healthy lifestyle culture. ： The school is the “main position” (responsible for cultural guidance and curriculum design), the family is the "basic field” (responsible for habit demonstration and emotional support),

the community is the "extension field" (providing environmental support and activity space), and the policy is the "guarantee line" (responsible for resource coordination and supervision and evaluation) ;

3. Students of different grades need a "differentiated path" : Primary school students focus on "habit guidance + fun cultural activities", junior high school students focus on "cognitive strengthening + peer influence", high school students focus on "stress management + independent health planning", and college students focus on "social adaptation + health responsibility awareness".

(2) Practical prospects

1.School side : One is to optimize the health education curriculum and incorporate "health culture" into the curriculum goals (for example, primary schools add "Campus health guards" role experience courses, and universities offer "healthy lifestyle culture" elective courses); the second is to improve the carrier of campus health culture, establish "health culture clubs" (such as running clubs, nutrition and food clubs), and create a "healthy culture campus environment" (such as health theme corridors, canteens, healthy recipes publicity) ;

2. Family side : Relying on the school's "parent health School", carry out "healthy family selection", guide parents to lead by example (such as jointly formulating a "family health schedule" with their children), and establish a "home-school health communication log" (teachers regularly feedback on students' health in school, and parents feedback on family performance) ;

3. Social side : The media has strengthened positive publicity of "student health culture" (such as the production of campus health public service advertisements), companies have reduced the promotion of unhealthy foods/electronic products for students, and community joint schools have opened sports venues and carried out free health consultations. ;

4.Policy side : Incorporate "Students' healthy lifestyle and cultural construction" into local education assessment indicators, establish a "East Central and Western Support Mechanism" (Eastern demonstration schools export experience to Western schools), and set up special funds to support school health and cultural activities.

(3) Research limitations and future directions

Although the sample of this study covers the east and central regions, rural schools account for only 32%. There may be research gaps on the differences in health culture cognition between rural and urban students. In the future, we can further focus on "the formation of healthy lifestyle culture for rural students" and explore ways to adapt to rural families and the social environment. At the same time, we will carry out "Tracking research on the effect of health culture construction" to verify the effectiveness of the path proposed in this study.

References

1. World Health Organization (WHO). Global School Health Initiative: A Guide to School Health Projects [Электронный ресурс]. – Режим доступа: https://www.who.int/publications/i/item/9241546128.

2. Li M., Wang H. Health Education in Chinese Schools: Current Situation and Future Direction // Journal of Health Education. – 2021. – Vol. 35. – № 2. – P. 45–59.

3. Zhang Q., Liu J. Family-School Cooperation for the Promotion of Healthy Lifestyles among Chinese Adolescents // International Journal of Youth Studies. – 2020. – Vol. 25. – № 1. – P. 78–92.

4. Ministry of Education of the People's Republic of China. National Student Physical Health Standards. – Beijing: China Education Press, 2023. – P. 32–45.

5. Cheng X., Карабалаева Г. Т. Artificial Intelligence-Enabled Teaching Model Exploration and Practice in Specialized Innovation Integrated Curriculum // Вестник КНУ имени Жусупа Баласагына. – 2025. – № 2. – С. 228–232.

6. Бирманова К., Карабалаев С., Карабалаева Г. Т. Психолого-педагогические механизмы профессионального самоопределения в процессе тьюторского взаимодействия // Вестник КНУ имени Жусупа Баласагына. – 2025. – № 4. – С. 29–51.

Рецензент: кандидат педагогических наук, доцент Асаналиева Ч.Н.