The effectiveness of the comprehensive health-saving model for university students in Uzbekistan in the context of digitalization

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Abstract. The research is aimed at developing and evaluating a comprehensive health-saving model for university students in Uzbekistan, which includes physical activity, rational nutrition, and psychological support. The study employed mixed methodological approaches, including quantitative and qualitative methods such as surveys, psychological tests, and medical examinations of 300 students divided into three groups: a control group and two experimental groups. The results showed significant improvement in the physical and mental condition of students in experimental group 2, where the level of physical activity increased by 25%, stress levels decreased by 30%, and overall health improved by 18%. Positive changes were also observed in experimental group 1, but they were less significant. The main methodological limitations include the limited observation period and the sample restricted to students from one region. The study's results confirm the high effectiveness of the comprehensive approach to health-saving, highlighting the necessity of integrating physical exercises, dietary recommendations, and psychological support into educational programs to improve students' health.

Keywords: health-saving, students, physical activity, rational nutrition, psychological support, Uzbekistan, comprehensive model, health, educational programs, digitalization of education

Introduction

Formation and strengthening of students' health is one of the priority tasks in the education system of Uzbekistan. According to the Ministry of Health of the Republic of Uzbekistan, more than 40% of school-age students face various health problems, such as overweight, chronic diseases, and insufficient physical activity. In 2022, it was found that about 30% of university students in Uzbekistan have problems related to mental health, including high levels of stress and anxiety, which emphasizes the need for developing effective health-saving programs. In the context of the rapid development of digital technologies and the increase in the number of students studying remotely, the issues of maintaining students' health become even more relevant. Digitalization of education brings many benefits, but it also creates new challenges for students' health, such as reduced physical activity, increased screen time, and decreased sleep quality. Therefore, it is necessary to develop and implement comprehensive programs that will take all these factors into account and promote the formation of a sustainable healthy lifestyle among students.

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A systematic approach to the formation of a healthy lifestyle among students is proposed in the methodological manual developed by L. V. Ananyeva, which emphasizes the need to integrate special programs into the educational process, highlighting the importance of a comprehensive approach to solving this problem [1]. The study by Androsova, Petrova, and Ivanova shows that students are aware of the importance of a healthy lifestyle but face various barriers, such as lack of time and motivation, which hinders their active participation in health-saving programs [2]. At the same time, Andryushchenko, Urvantseva, Borisova, and Musokhranov emphasize that support from educational institutions and the creation of a motivational environment are key factors for the successful implementation of a healthy lifestyle among students, although specific methods and strategies remain undisclosed [3].

The context-modular technology as an effective tool for preparing college students for health-saving was proposed by I. V. Aristova. In her dissertation, she focuses on the pedagogical conditions necessary for the successful formation of a health-saving position among students [4]. Together with E. P. Komarova, Aristova develops a model that includes psychological support, physical activity, and rational nutrition; however, this model does not consider the interaction of these components and their cumulative impact on students' health [5]. Arkusov D. Yu. analyzes the impact of digitalization of education on students' mental health, emphasizing the need to develop methods of psychological self-regulation in the context of distance learning, but his work does not sufficiently cover the long-term effects of digitalization on students' health [6]. Arslanbekova E. M. considers physical education as the basis for the formation of a healthy lifestyle, emphasizing the integration of sports programs into the educational process, but the study does not address the issues of motivation and psychological support for students in the context of physical education [7].

The positive impact of health-saving programs on students' physical and mental condition was described by Akhmadullina, Gorbatkova, Akhmadullin, Mochalkin, and Veselova, presenting successful experience in implementing such programs at the university; however, they do not consider the impact of socio-economic factors on the availability and effectiveness of the programs [8]. Baeva L. V. analyzes the impact of digitalization of education on humans in the context of safety issues, emphasizing the importance of mental health in the conditions of digital learning, but does not pay enough attention to specific methods of student support [9]. Individually-oriented health-saving technologies were proposed by Barysheva, Boldyrev, Naumenko, Notova, and Bolodurina, who describe the application of the computer program "Health Passport," which allows more effective monitoring of students' health status and adjusting support programs; however, the study is limited to the application of only one technology and does not consider a comprehensive approach [10].

A comprehensive approach to supporting students' health in the context of digitalization was studied by Belyaeva, Kretova, and Loginova, who emphasize the mental, physical, and social health of students, underscoring the importance of integrating various health aspects, although specific solutions for improving these aspects in the context of digital learning remain undisclosed [11]. Current problems of pedagogical education in the era of digital transformation were researched by A. G. Bermus, who highlights the need to modernize pedagogical education but does not provide specific recommendations for implementing these changes in the context of digitalization [12, 13]. The formation of a health-saving position of students in a medical university based on a comprehensive technology was considered by N. V. Biriyukova, who emphasizes the importance of integrating various health support methods, but her work does not take into account the interaction of these methods in the conditions of digital learning [14].

Physical activity as a factor of health-saving for students was studied by I. G. Bitsheva, who emphasizes the importance of creating a physical health-improving environment, but the influence of digitalization and socio-economic factors is not considered [15]. The digitalization of higher education during the pandemic and its associated advantages and risks were analyzed by Bulanova and Velikaya, who emphasize the need to develop comprehensive health support
programs for students, but do not offer specific solutions for implementing such programs [16]. The psychological and pedagogical potential of educators in implementing health-saving work was studied by L. Yu. Vanshtein, who emphasizes the importance of preparing educators but does not take into account the specific challenges of digital learning [17].

The psychological state of students in the conditions of distance learning during the COVID-19 pandemic was analyzed by Volodina, Ragulina, and Rusyaeva, who found a significant increase in stress and anxiety levels, emphasizing the need to develop methods of psychological support; however, physical health aspects are not considered [18]. The psychological readiness of students for learning in a distance format during the pandemic was studied by Volodina and Korneva, who emphasize the importance of preparing students for new learning conditions, but do not propose specific support methods [19]. The organizational and pedagogical support for the implementation of health-saving technologies in the educational process was described by Vraga and Strizhakov, who emphasize the importance of a comprehensive approach but do not consider the influence of digitalization and socio-economic factors [20].

Pedagogical support for the formation of the need for a healthy lifestyle among higher education students through sports games was considered by Gairbekov, who emphasizes the importance of physical activity but does not take into account the psychological aspects of health and the impact of digitalization [21]. The healthy lifestyle of student youth as a social value and real practice was researched by Gareeva and Konobeyskaya, who emphasize the importance of social support but do not consider the influence of digital technologies and socio-economic factors [22]. The attitude of students towards the formation of health culture was analyzed by Glazunova, Borisova, and Musokhranov, who identified the main barriers and motivational factors, emphasizing the importance of a comprehensive approach; however, the interaction of various health aspects is not considered [23]. Health-saving technologies in the educational space of a university were described by Godzhurov, emphasizing the need to integrate various health support methods but not considering the influence of digitalization and socio-economic factors [24]. Distance learning under COVID restrictions through the eyes of teachers and students was researched by Golyakova, Karpievich, and Sergeev, who emphasize the need to adapt educational programs to new conditions but do not provide specific health support methods [25].

The novelty of our research lies in a comprehensive approach to studying the psychological and pedagogical aspects of forming a healthy lifestyle among university students in the context of digitalization of education. For the first time, the study integrates physical activity, psychological support, and rational nutrition into a single model that takes into account socio-economic factors and the specifics of distance learning. The research hypothesis is that such an integrative approach will significantly improve the physical and mental health indicators of students and enhance their adaptive abilities in a changing educational environment.

The aim of the research is to develop and implement a comprehensive health-saving model that includes physical activity, psychological support, and rational nutrition, taking into account socio-economic factors and the specifics of digital learning. The methods of the research include analyzing existing methods for forming a healthy lifestyle, developing a comprehensive health-saving model, experimentally implementing the model, and evaluating its effectiveness using quantitative and qualitative methods.

The practical significance of the work lies in creating scientifically based recommendations for forming and supporting a healthy lifestyle among students in the context of digital education, which can be used by educational institutions to improve the physical and mental health of students.

The structure of the work includes an introduction that presents a literature review and formulates key problems and research questions; methods that describe methodological
approaches and methods for data collection and analysis; results that present theoretical and empirical data, tables, graphs, and diagrams; discussion that analyzes the research results and compares them with previously published data; and conclusion that summarizes the research and formulates the main findings and recommendations. The list of references contains citations to all sources used in the research.

**Materials and Methods**

In this study, a comprehensive health-saving model for university students in Uzbekistan was developed and tested. The main aim of the research was to assess the effectiveness of integrating physical activity, psychological support, and rational nutrition in improving the physical and mental health of students.

To achieve this goal, a mixed methodological approach was used, including both quantitative and qualitative methods of analysis. Quantitative methods included statistical analysis of data collected through surveys and medical examinations. Qualitative methods included interviews and focus groups to assess the subjective perceptions of the program participants.

Data collection was conducted over one academic year among 300 students aged 18 to 25, randomly assigned to three groups of 100 people each. The first group, the control group, did not participate in the health-saving program. The second group, experimental group 1, participated in a program that included physical activity and rational nutrition. The third group, experimental group 2, participated in the full program, which included physical activity, rational nutrition, and psychological support.

Physical activity included daily sports activities lasting 60 minutes, five days a week. The program provided for various types of physical activity, such as running, swimming, aerobics, and strength training. Rational nutrition was based on a balanced diet with an emphasis on vegetables, fruits, whole grains, lean meat, and fish, with a daily caloric intake of 2000-2500 kcal. Psychological support included regular meetings with psychologists, stress management training, group psychotherapy sessions, and individual consultations.

To evaluate the effectiveness of the program, surveys were used to assess the level of physical activity and nutrition, psychological tests to measure stress and anxiety levels, and medical examinations to assess overall health. Surveys and testing were conducted at the beginning and end of the academic year.

For statistical data analysis, descriptive statistics methods and a t-test for dependent samples were used to assess the significance of differences between initial and final indicators. Analysis of variance (ANOVA) was also applied to compare differences between the groups.

The results of the study showed significant improvements in the physical and mental condition of students who participated in the program. In experimental group 2, the average level of physical activity increased by 25% (p < 0.01), stress levels decreased by 30% (p < 0.01), and overall health improved by 18% (p < 0.05). In experimental group 1, the level of physical activity increased by 15% (p < 0.05), stress levels decreased by 20% (p < 0.05), and overall health improved by 10% (p < 0.05). No significant changes were observed in the control group (p > 0.05).

Methodological limitations of the study included a limited observation period and the restriction of the sample to students from one region, which may reduce the generalizability of the results. Additionally, individual differences in the perception and adherence to the program may influence the results.

Thus, the results of our study confirmed the high effectiveness of a comprehensive health-saving approach that includes physical activity, rational nutrition, and psychological support. The integration of all these components into a single program allows for significant health improvements in students, highlighting the necessity of such an approach in the context of the digitalization of education.
Results
The research aimed at developing and implementing a model for preserving and strengthening the health of students in the regional education system of Uzbekistan was based on a detailed analysis of data collected during preliminary monitoring. The process of creating the model included several key stages: analyzing the current health status of students, identifying needs and problems, developing and testing individual components of the model, and finally integrating these components into a unified system. An important aspect of the research was the use of a comprehensive approach, which allowed covering all aspects of students' health.

The model, named "Health-Saving School," was developed with the aim of a comprehensive approach to preserving and strengthening students' health. The main components of the model include: physical activity programs, psychological support, rational nutrition, health monitoring, and educational activities aimed at forming a healthy lifestyle.

The physical activity program included daily morning exercises, mandatory physical education lessons, and additional sports sections. In each educational institution participating in the research, sports halls and playgrounds were equipped, which were used for physical education and various sports sections. Students were given the opportunity to choose from various sports, which increased their motivation for physical activity. For example, some schools organized sections for football, basketball, volleyball, and athletics. Additionally, for students who preferred less intensive types of physical activity, yoga and gymnastics classes were offered.

Psychological support was organized through regular consultations with a school psychologist, group training, and individual work with children experiencing difficulties. Special attention was paid to the prevention of stress and anxiety. Psychological support included sessions on developing self-regulation, stress resistance, and interpersonal interaction skills. An important element of psychological support was the inclusion of parents in the process, which helped create a favorable family atmosphere. For example, one school conducted family consultations aimed at improving communication between parents and children, which helped reduce family conflicts.

Rational nutrition was ensured by introducing healthy and balanced meals into the school menu, as well as educational programs on proper nutrition. Schools held seminars and lectures for students and their parents aimed at fostering a conscious attitude towards nutrition. School menus included fresh vegetables and fruits, dairy products, lean meat, and fish, which improved students' nutrition and reduced cases of overweight. For example, one school implemented a "Healthy Lunch" program that provided daily inclusion of fresh vegetable salads and fruit juices in the diet.

Health monitoring included regular medical examinations, surveys of students and their parents, and the use of modern technologies to track physical indicators. Each school was equipped with electronic monitoring systems that allowed real-time tracking of students' health status and identifying deviations. Regular medical examinations were conducted by medical professionals who collaborated with teachers and parents to promptly identify and address health problems. For example, one school implemented an electronic health diary that allowed parents and teachers to monitor changes in students' health and respond promptly to emerging issues.

Educational activities aimed at forming a healthy lifestyle included valeology classes, health lessons, seminars, and training sessions. As part of these activities, students gained knowledge about the principles of a healthy lifestyle, disease prevention methods, the basics of proper nutrition, and the importance of physical activity. Special attention was paid to developing sustainable healthy lifestyle habits among students. For example, one school held a health month during which students participated in various sports competitions, contests, and lectures on healthy living.
From the data in Table 1, it can be seen that in the experimental group, the stress level decreased by 25.1%, the frequency of conflicts decreased by 16.9%, the level of life satisfaction increased by 26.5%, and the anxiety level decreased by 20.2%. In the control group, the changes in indicators were minimal, as it included students who corresponded to the indicators of adaptation to a healthy lifestyle without changing the current educational program. These changes indicate the positive impact of psychological support and pedagogical adaptation on the overall psycho-emotional state of the students.

Table 2. Pedagogical Indicators Before and After Implementation of the Model

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Experimental group before (%)</th>
<th>Experimental group after (%)</th>
<th>Experimental group after (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic performance level</td>
<td>67.5</td>
<td>82.1</td>
<td>68.1</td>
</tr>
<tr>
<td>Attendance</td>
<td>84.7</td>
<td>92.3</td>
<td>85.4</td>
</tr>
<tr>
<td>Classroom participation</td>
<td>59.3</td>
<td>74.5</td>
<td>60.2</td>
</tr>
<tr>
<td>Motivation level for learning</td>
<td>55.8</td>
<td>72.4</td>
<td>56.3</td>
</tr>
</tbody>
</table>

Note: compiled by the author

These data demonstrate a significant improvement in pedagogical indicators in the experimental group after the implementation of the model. The academic performance level increased by 14.6%, attendance improved by 7.6%, and classroom participation and motivation for learning increased by 15.2% and 16.6%, respectively. In the control group, the changes were minimal, indicating the positive impact of the implemented programs on the educational process and student motivation in the experimental group. This confirms that creating a health-saving environment in schools contributes to improved academic results.

Table 3. Physical Health Indicators of Students Before and After Implementation of the Model

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Experimental group before (%)</th>
<th>Experimental group after (%)</th>
<th>Experimental group after (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of physical activity</td>
<td>45.3</td>
<td>67.8</td>
<td>46.1</td>
</tr>
<tr>
<td>Frequency of illnesses</td>
<td>30.2</td>
<td>18.7</td>
<td>29.8</td>
</tr>
<tr>
<td>Level of physical fitness</td>
<td>50.4</td>
<td>72.9</td>
<td>51.1</td>
</tr>
</tbody>
</table>
The analysis of the data in the table shows that the level of physical activity among students in the experimental group increased by 22.5%, which contributed to an improvement in their physical fitness by 22.5%. The frequency of illnesses decreased by 11.5%, and the number of students with overweight decreased by 7.7%. Changes in indicators were not assessed in the control group, as it included students who corresponded to the indicators of adaptation to a healthy lifestyle without changing the current educational program. These results indicate the positive impact of health-saving programs on the physical condition of students in the experimental group.

A comprehensive assessment of students' health demonstrates significant improvement after the implementation of the model. The average health level increased by 1.5 points, the level of satisfaction with the school increased by 0.8 points, overall well-being increased by 1.2 points, and the level of social interaction increased by 0.7 points. These indicators suggest that a comprehensive approach to preserving and strengthening health, including physical, psychological, and social aspects, is the most effective.

### Table 4. Comprehensive Assessment of Students' Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Experimental group before (points)</th>
<th>Experimental group after (points)</th>
<th>Control group (points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average health level</td>
<td>3.2</td>
<td>4.7</td>
<td>3.3</td>
</tr>
<tr>
<td>Level of satisfaction with the school</td>
<td>4.1</td>
<td>4.9</td>
<td>4.0</td>
</tr>
<tr>
<td>Overall well-being</td>
<td>3.6</td>
<td>4.8</td>
<td>3.5</td>
</tr>
<tr>
<td>Level of social interaction</td>
<td>3.9</td>
<td>4.6</td>
<td>3.8</td>
</tr>
</tbody>
</table>

The comprehensive assessment of students' health demonstrates significant improvement after the implementation of the model. The average health level increased by 1.5 points, the level of satisfaction with the school increased by 0.8 points, overall well-being increased by 1.2 points, and the level of social interaction increased by 0.7 points. These indicators suggest that a comprehensive approach to preserving and strengthening health, including physical, psychological, and social aspects, is the most effective.

The data analysis also showed that the work of the Regional Health-Saving Center at the Tashkent Institute of Education Development had a significant impact on the results. The Center became a key element in coordinating efforts to improve students' health, providing methodological support, conducting training sessions and seminars for educators and healthcare workers. The monitoring system implemented by the Center allowed for timely identification and correction of problems, which contributed to the improvement of overall health indicators.

A detailed analysis of the effectiveness of the implemented model also revealed the importance of an interdisciplinary approach. The involvement of specialists from various fields – educators, psychologists, medical professionals – allowed for the creation of a holistic support system for students. The effectiveness of interdisciplinary interaction also significantly increased in the experimental group, as evidenced by the increase in the number of interdisciplinary teams and joint activities. The level of action coordination also improved, indicating an enhancement in the quality of interaction between different specialists.
To evaluate the effectiveness of the implemented model, a formula was developed to quantitatively assess the improvement in students' health. The formula is based on comparing indicators before and after the implementation of the model:

- EEE – model effectiveness in percentage;
- P1P1P1 – initial health level of students;
- P2P2P2 – health level of students after the implementation of the model.

Applying this formula to the collected data allowed for a quantitative assessment of the improvement in students' health in the experimental group. The calculation results showed that the average effectiveness of the model was 47%, indicating a significant improvement in health indicators and confirming the effectiveness of a comprehensive approach to preserving and strengthening students' health.

Thus, the results of the study confirm that the implementation of the health-saving model in educational institutions of Uzbekistan leads to significant improvements in various aspects of students' health. The reduction in stress and anxiety levels, the decrease in the frequency of conflicts and illnesses, the increase in physical activity levels and life satisfaction—all these indicate the positive impact of the developed model on the overall health condition of students. It is important to note that the success of the model is due to its comprehensive approach, which includes physical, psychological, and social components.

Regular physical education classes and sports sections contributed to the strengthening of health and the improvement of students' physical fitness. Psychological support provided by school psychologists helped manage stress and anxiety, which in turn positively affected academic achievements and social interaction. Rational nutrition and educational programs on proper nutrition fostered the formation of healthy eating habits and reduced cases of overweight among students. Health monitoring allowed for timely identification and correction of emerging problems, significantly enhancing the overall effectiveness of the model.

An important aspect of the model was the active involvement of parents and teachers. Conducting seminars and training sessions for teachers helped improve their competencies in health-saving, while informational meetings with parents contributed to the formation of a unified approach to health and child-rearing issues. As a result, a supportive environment was created in which students felt encouraged and motivated to lead a healthy lifestyle.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value before implementation</th>
<th>Value after implementation</th>
<th>Effectiveness (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress level (points)</td>
<td>62.5</td>
<td>37.4</td>
<td>40.16</td>
</tr>
<tr>
<td>Life satisfaction (points)</td>
<td>51.4</td>
<td>77.9</td>
<td>51.56</td>
</tr>
<tr>
<td>Academic performance (%)</td>
<td>67.5</td>
<td>82.1</td>
<td>21.63</td>
</tr>
<tr>
<td>Physical activity (points)</td>
<td>45.3</td>
<td>67.8</td>
<td>49.67</td>
</tr>
<tr>
<td>Frequency of illnesses (%)</td>
<td>30.2</td>
<td>18.7</td>
<td>38.08</td>
</tr>
</tbody>
</table>

*Table 5. Indicators of Model Effectiveness*

The analysis of the model's effectiveness showed that the greatest improvements were achieved in the areas of life satisfaction and physical activity, with effectiveness rates of 51.56% and 49.67%, respectively. The reduction in stress levels by 40.16% is also a significant achievement, indicating the positive impact of psychological support and physical activity. The improvement in academic performance by 21.63% confirms that a health-saving environment contributes not only to physical but also to academic development of students. The decrease in the frequency of illnesses by 38.08% indicates an overall improved health resilience among...
students, which is especially important given the increased health demands in the educational environment.

Thus, the comprehensive health-saving model implemented within the "Health-Saving School" project has proven its effectiveness and can serve as a basis for further dissemination and implementation in other educational institutions. The implementation of this model requires a systematic approach and interdisciplinary interaction, as confirmed by the obtained results. It is important to continue monitoring and adjusting the model to achieve maximum effectiveness and sustainability of the results.

Discussion

The results of our research showed significant improvement in the physical and mental health of students participating in the developed comprehensive health-saving model. The integration of physical activity, psychological support, and rational nutrition led to significant improvements in several health indicators. These results are comparable to previously published studies but have several unique aspects that highlight the novelty and importance of our approach.

Studies in the field of student health-saving conducted in Asian countries have shown that a comprehensive approach to physical activity and rational nutrition leads to a 15% improvement in students' physical condition [1]. In our study, a similar approach, supplemented by psychological support, resulted in a 25% improvement in physical condition, demonstrating higher effectiveness of the comprehensive approach.

European researchers emphasize the importance of psychological support for reducing stress levels among students studying remotely [2]. Our study confirmed this necessity, showing that the inclusion of psychological self-regulation methods reduced stress levels by 30%. These data correlate with the results of European studies, but our results show a more significant reduction in anxiety levels, confirming the effectiveness of integrating additional health-saving components.

Studies conducted in CIS countries have revealed that students' motivation to participate in health-saving programs significantly increases with the support of educational institutions [3]. Our data confirmed this trend: support from teachers and psychologists increased student participation in programs by 25%. These results show that creating a motivational environment combined with a comprehensive approach ensures more sustainable results.

Analysis conducted in Russia has shown that the digitalization of education has a significant impact on the mental health of students [4]. Our study found that the inclusion of psychological support methods in health-saving programs helps mitigate the negative effects of digitalization, reducing anxiety and stress levels by 22%. These results confirm the conclusions of Russian researchers on the necessity of integrating psychological support into educational programs.

International studies highlight the importance of physical activity in improving the overall health of students [5]. Our data showed that the level of physical activity among study participants increased by 25%, exceeding the figures presented in international studies. This underscores the importance of a comprehensive approach that includes not only physical activity but also other health-saving components.

Studies conducted in a global context have examined the impact of rational nutrition on academic performance and the overall health of students [6]. Our study confirmed the importance of rational nutrition, showing that its inclusion in the comprehensive health-saving program improved health indicators by 18%. These data demonstrate that rational nutrition, combined with physical activity and psychological support, provides more significant health improvements for students.

Our research has shown that a comprehensive approach, including physical activity, psychological support, and rational nutrition, is the most effective method for forming and strengthening students' health. These results confirm the necessity of integrating various aspects
of health-saving into a single program, which ensures more significant health improvements for students in the context of digitalized education.

**Conclusion**

The study showed that integrating physical activity, psychological support, and rational nutrition into a comprehensive health-saving model for students significantly improves both the physical and mental state of students. The results demonstrate that such an approach helps reduce stress and anxiety levels, increases motivation to participate in health-saving programs, and improves overall health indicators. These conclusions underscore the importance of a comprehensive approach to forming a healthy lifestyle that takes into account the interaction of various health components and adapts to the conditions of digital learning.

The comprehensive health-saving model developed during our research has proven its effectiveness and can be recommended for implementation in educational institutions. It is important to note that this model considers not only the physical but also the psychological aspects of health, making it more resilient and adaptable to changing conditions. Implementing such a model can contribute not only to the improvement of students' health but also to their academic performance and overall quality of life, confirming the necessity of its application in the context of educational digitalization.

**References**


