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## Health Saving Technology at Foreign Language Lessons with University Students.

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### ABSTRACT

The article deals with the technology of saving and improving students' health, which was developed in order to promote healthy lifestyle in universities. The paper describes an experiment on the introduction of the authors' technology. The experiment has been held in Yaroslav Mudryi National Law University, Kharkiv, Ukraine. The purpose of the study is to confirm and to verify experimentally the effectiveness of the authors' health saving technology at foreign language lessons with students of higher educational institutions. The technology consists of three stages: teachers-focused preparation stage (preparation of teachers for conducting health saving activity at their lessons), students-focused motivation stage (providing students with some knowledge about the basics of human health and promoting healthy lifestyle in student environment), activity implementation stage (purposeful systematic work directed at saving and improving the students' health). The results of the experiment were compared by several indicators of Life Quality Index such as: Living Conditions and Lifestyle, Food Diet and Water Intake, Emotional Health, and Activity Level. Methods of mathematical statistics helped to prove the efficiency of the authors' health serving technology at foreign language lessons with university students. Thus, the technology can be used by other teachers in higher school.

**Keywords:** *health serving technology; student; university; teacher; healthy lifestyle.*

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## INTRODUCTION

Health of a person is one of the highest values in the world. So it is natural that every state through its institutions must improve and preserve health of its citizens. It is also known that basis of good health as well as onset of different chronic diseases comes from youth. As in this period of a person's life his/her main activity is connected with education most stressful situations are caused by learning problems. There is no doubt that stresses in conjunction with excessive fatigue in their turn influence health significantly. Investigating the nature of children and youth diseases the World Health Organization even highlighted didactogenic one as caused by teaching and learning process.

Thus, the problem of developing health saving technology at educational institutions is becoming increasingly pressing, and the fact that today 52% of freshmen have morphofunctional deviations of a different nature, and 40% have chronic diseases (according to Ukrainian medical examination data), increases its relevance. That is why the state educational policy is directed at reformation of educational system and modernization of teaching methods, training programs and content of education.

Learning foreign languages at non-linguistic universities, which is vital for successful career development in modern world, often becomes a challenge for students, aimed at special subjects. However, this is a foreign language that can be named among the most suitable subjects for developing health saving technology which, due to its purpose, allows not only organizing health preserving activity but also promoting healthy lifestyle. The latter is especially important because it is the student's age when a person consciously develops his habits both good and bad.

In this context, the problem of developing health saving technology at foreign language lessons with students of non-linguistic universities is considered of great importance.

The analysis of researcher in valeology, psychology and pedagogy allows us to state that the problem of improving human health through educational sphere was the subject of study of Yu. Boichuk, K. Vasylieva, L. Grin, S. Iermakov, V. Lozova, O. Lukashenko (2012), O. Gres (2015). M. Kudryavtsev, Yu. Kopylov, V. Kuzmin, O. Ionova, T. Yermakova (2016), L. Shuba, V. Shuba (2017) investigated the issue through physical education of student youth. The problem of creation of comfortable psychological conditions for university students was developed by L. Holubnycha (2017), O. Honchar (2011). Modern methods of teaching foreign languages, which allow avoiding stresses and fatigue were considered by L. Holubnycha (2017, 2018), D. Glover, D. Miller (2002, 2006), E. Schmidt, Sh. White (2012) and others. However, the problem of developing health saving technology at foreign language lessons with university students has not been the subject of detailed scientific exploration.

*The aim of the research* is to substantiate and to verify experimentally the efficiency of the authors' health saving technology at professional English classes.

The *hypothesis* of the research is based on the assumption that the certain technology of work with students at English lessons can facilitate their healthy lifestyle and improve health. The authors' technology includes three stages, namely: teachers-focused preparation stage (is aimed at teachers; means explanation of significance of conducting health saving activity at English lessons and preparation of teachers for work in this direction), students-focused motivation stage (is aimed at students; means clarification of importance of healthy lifestyle and acquisition of some knowledge about the basics of human health), activity implementation stage (is aimed at teachers and students; means purposeful systematic work in class and out of it for saving and improving the students' health).

## MATERIALS AND METHODS

According to the aim of the research in the theoretical part we have used the following cognitive-generalizing methods: analysis, synthesis, comparison in order to examine and compare different scientific approaches to the studied problem, to determine notions and categorical apparatus.

For the pilot study, empirical methods (questionnaires, interviewing, tests, observation, discussions, expert and self-evaluation, pedagogical experiment directed at verifying the hypothesis and substantiation of the efficiency of the authors' technology, analysis of the results of the experiment) and method of

mathematical statistics ( $\chi^2$  criterion in order to compare the results of the experiment) were applied for comparing the results of the experiment as well as determining the statistical significance of data received during the verification of the authors' technology.

The experiment was carried out for four years: from 2013/14 to 2016/17 in Yaroslav Mudryi National Law University (Ukraine). The pilot study included two samples consisting of 50 students of the Institute of Prosecutor's Office and Criminal Justice who lived at home with their parents (Experimental Group 1) and 50 students of the same institute who lived in a university dormitory (Experimental Group 2). The students, who took part in the experiment, were about the same age (from 17 to 20 years old). The preparatory work was carried out with 10 teachers of the department of foreign languages #3 who were to work directly with the students of the experimental groups.

## EXPERIMENTAL

### Description of the technology

Every year in Western Europe there is deterioration in the health of children. Meanwhile, according to experts, 75% of adult diseases are a consequence of living conditions as a child and as a young person. So, the current state of health and public consciousness of the population indicates that there is a real threat of the extinction of the nation. That is why it is vital to spread knowledge about the basics of human health, change the attitude of population to healthy lifestyle. And teachers must plan and organize their professional activity, taking into account the priorities of serving and improving the health of their students.

In order to develop the authors' health saving technology it is necessary to understand what health is and what its components are. So among different definitions of health we have chosen the definition of the World Health Organization: "Health is the state of complete physical, mental and social well-being, and not just the absence of illness or physical disabilities."

The mentioned definition proposes the following components of health: physical, mental and social. As can be concluded from the definition, physical health is absence of illness or physical disabilities. Speaking about mental health, it can be described as positive emotions and feelings, will, self-awareness, self-education, behavioral motivation, preventing bad habits, forming hygienic skills and positive habits. Social health may mean social needs and interests, ethics of family ties, adequate attitude towards the environment, social provision of vital needs, social adaptation, health of the nation, healthy lifestyle. Thus, the named components must be considered as the basic elements in developing health saving technology.

Under the studied phenomena researchers understand the conditions of teaching students, which include lack of stress, adequacy of requirements, adequacy of teaching methods; rational organization of the educational process (in accordance with age, gender, individual characteristics and hygienic requirements); adequacy of educational loading of students; rationally organized regime of work in class (Lenartovych, 2015: 8).

On studying and analyzing a number of definitions of health saving technology we came to the conclusion that in our study we will understand this term as the construction of a sequence of factors that prevent the destruction of health while simultaneously creating the system favorable for health conditions.

It is known that health saving educational technologies are divided into three groups: 1) organizational and pedagogical (define the structure of the educational process that helps to prevent overturning states, hypodynamia, etc.); 2) psychological and pedagogical (related to the direct work of the teacher at the lesson); 3) educational (they are programs for forming culture of health, training healthy lifestyle habits, preventing bad habits, diseases, provide for extracurricular activities). As for the authors' technology, it means to cover all the named directions.

As any technology should meet the main criteria of technological ability the developed authors' health saving technology is characterized by purposeful, systematic implementation of methods, forms and techniques of teaching, is manageable and can be reproducible.

Developing the health saving technology the authors based it on the known components of human activity, namely: goal setting and motivation, awareness and planning, implementation of activities. As for the further elements – checking results and evaluation – they became the part of the experiment.

Thus, in the context of the foregoing the authors' health saving technology consists of such stages: 1) teachers-focused preparation stage; 2) students-focused motivation stage; 3) activity implementation stage.

### ***Teachers-focused preparation stage***

The first stage of the experiment was a survey of teachers, who were to work with students, about their awareness of the need and ability to preserve the students' health while conducting foreign language classes at the university. After all, one of the risk factors that affect the health (physical, mental and social) is sometimes the ignorance of the teachers themselves in how to preserve and strengthen their health. This happens because teachers consider the main purpose of their work is to provide the students with the amount of knowledge they teach and assess the results of acquiring it, losing that health preserving component. The number of the teachers who participated in the survey was 10.

In order to assess the level of teachers' awareness, at the stage of preparation for the experiment, a survey was conducted among them, which included the following questions:

- Do you think it is possible and necessary to influence the preservation and strengthening of the students' health in the higher educational establishments while conducting foreign language classes?
- Do you take into account the age features of the audience when you prepare for the classes, as well as the presence of certain groups of students with permanent or temporary disabilities and limited abilities, evident chronic or sharp illnesses?
- Do you agree that the intensity of the educational process sometimes leads to the creation of a stressful situation that negatively affects the students' health?
- Do you consider it necessary to use various methodical approaches for physical and psychological discharge of the students, to create an opportunity for them to move their bodies or to move around the classroom during classes?
- Do you use additional training materials that allow students to formulate the ideas about the value of health and the need for a healthy lifestyle?
- Do you apply group exercises, not just for a particular educational purpose, but to encourage interaction between the students as an element of social health?

The survey showed that almost all respondents (90%) understand that it is really possible and necessary to take measures for the preservation and strengthening of the students' health while teaching and learning a foreign language at an educational institution, taking into account the state of health of the audience when planning and conducting classes. Most (70%) believe that during intensive training, students are stressed, while 30% recognize this stress as a necessary evil, preparation for the future work activity which is much more stressful. All respondents use the change of activities for the students as a methodological tool, but before the survey, not everyone was aware that this tactic could also positively affect their health.

The survey led the teachers themselves to realize the need to take into account the health-saving component in planning and conducting classes.

Moreover, special seminars were organized for teachers, who were to take part in the experiment. Those seminars were devoted to ways of reduce stressful situation at lessons, namely: partnership relations with students, interactive methods of work, innovative technologies at foreign language classes, gaming technologies, and using non-standard elements while teaching university students. Additional attention was paid to out of class activities, which, on the one hand, give more possibilities for moving, on the other hand, motivate students to get supplementary information about healthy lifestyle.

### ***Students-focused motivation stage***

In order to get positive results of our experiment we had not only to explanation of value of conducting health saving activity at English lessons and set appropriate goals before the teachers, but also

motivate students for healthy lifestyle. At foreign language classed it can be done by several ways despite the fact that programs of the subject “Foreign language” in non-linguistic universities and institutions and teaching a foreign language does not always contain or contains insufficient amount of the topic “Health and Healthy Lifestyle”.

Firstly, the teachers used home reading that is a necessary component of learning a foreign language. An experienced teacher can always find opportunity to integrate this extremely important topic into the teaching and learning process. So, as a rule, the teachers chose the sources what to read for the students at their own discretion. That is, they selected them so as to demonstrate the need for a healthy lifestyle, the impact of habits on health, the importance of socialization for a person, the need of working on their own in order to increase stress tolerance, and so on.

Another powerful tool for the teachers to introduce the ideas of health preserving and health straightening was media sources texts and the opportunity of the following discussion of the highlighted specific health issues and stated factors of its destruction or preservation and strengthening (for example, about cases of infection with various diseases due to negative attitude to health, abuse of drugs and other psychotropic substances, etc.).

Discussions of advertisements created by companies for the promotion of the relevant goods and services was also applied not only as interesting at foreign language lessons from the point of language use, the shifting of the meanings of words and the creation of a vivid image, but also from the point of expediency regarding the preservation of health.

Taking into account that health saving technology is aimed to teach students to live without conflicts and has to motivate them to strengthen, save and appreciate their own and other people's health, as a motivating activity for law students that indirectly had a health preservation goal was case study or role-play (in the courtroom).

Thus, the mentioned forms and methods of work instilled the students in the principles of a healthy lifestyle as well as enhanced motivation to study.

### ***Activity implementation stage***

As a lesson is the main structural unit of the teaching and learning process the academic goals are usually realized during in class activities. At the time of the experiment the health-saving and health-preserving goals were added.

A lesson in the authors' health saving technology above all academic aims and studying goals should be first and foremost directed at preserving students' health and well-being. A modern lesson is an innovative lesson that invites students and teachers to enjoy the process. It stimulates curiosity, creativity, and partnership. All this was achieved through a variety of interactive and innovative technologies which were used.

The following methods and activities in the class-room served for the practical implementation of the study:

1. Facilitating moving activity for academic purposes. So, as during the experiment the teachers were organizing their teaching methods and forms in the classroom not only to reach some definite academic purposes but for health-saving and health-preserving goals as well, the students could study English both in a sitting position performing necessary activities and doing exercises and they could stand up, move in the classroom to group for the discussions or participate in conversations, or role-plays.
2. Creation in the classroom the atmosphere of partnership between the students themselves and the students and the teacher that lead the students to the feeling of confidence and trust, self-improvement and support of others.
3. Use of innovative information technologies (smart boards, video, etc.) to reduce stresses, to motivate the students, to increase their interest in studies, to create the involvement and to improve psychological and social health.

4. Applying non-standard elements and gaming technologies as effective ways for avoiding stressful situations, motivating students for studying and serving for health-saving purposes.
5. Specification of and stressing out while the role-plays “In the Courtroom” the idea that harmful habits often lead to harmful and sometimes to criminal consequences.
6. Organizing discussions and accenting the statement that all people in spite of their disabilities, permanent or temporary, inborn or acquired are equal in their dignity and rights, providing tolerance to the people with some deficiencies, mental or physical.

Besides, university teachers were able to launch and organize the Day of Health promoting the students with the necessity to lead healthy lifestyle.

7. As part of the Day of Health project, the students were offered to refuse from bad habits (smoking, drinking alcohol, eating fast food) for one day, switch to healthy eating and supplement their schedule with more physical activity.

After the mentioned event in foreign language classes they shared their impressions in monological utterances and concluded that even this one day a year had a positive effect on their condition and encouraged them to continue to lead a healthy lifestyle.

## RESULTS AND DISCUSSION

In order to test the correlation between the implementation of health saving technology and overall health rate improvement, we carried out an experiment at Yaroslav Mudryi National Law University in the city of Kharkiv, Ukraine from 2013/14 to 2016/17 academic years. The study sample consisted of 100 first-year (as of September 2013) students from different academic groups of the Institute of Prosecutor’s Office and Criminal Justice of the abovementioned university, male and female, living at home with their families (Experimental Group 1) or in a university dormitory (Experimental Group 2) distributed equally (50 students per group).

To ensure the validity of findings, Life Quality survey was conducted both at the beginning (in 2013) and at the end (in 2017) of the experiment to measure the student’s attitude to healthy habits and their overall well-being rate. The questionnaire covered the following indicators of Life Quality index: Living Conditions and Lifestyle; Food Diet and Water Intake; Emotional Health; Activity Level.

The students of the experimental groups participating in the survey responded to the items on a five-point Likert scale: from 5 for 'strongly agree' to 1 standing for 'strongly disagree'.

The questionnaire was in fact the first step in the course of health saving technology implementation since the questions were formulated in such a way as to help students to assess their lifestyle habits as beneficial or harmful, and could serve as a guideline to develop new, healthy habits. Besides it gave us the data to analyse and determine the risks for students’ health for each suggested indicator – Living Conditions and Lifestyle, Food Diet and Water Intake, Emotional Health and Activity Level.

Thus, the study of results of the Living Conditions and Lifestyle (see Table 1) demonstrated rather high awareness of the significance of healthy way of life in both experimental groups (3.9 for EG 1 and 4.1 for EG2) whereas the level of comfort was observed as much better-off by the students living at home: 4.4 for EG 1 with only 2.7 for EG2. However, the major challenge was in the lack of sleep, quite common a problem, more likely behavioural rather than medical, among young people. So, the problem of sleeping disorders, which are usually caused by young people’s reluctance to “waste” evening hours for sleeping instead of more appealing social (both online and real life) activities as well as by study and examination anxiety, appeared to be more pressing among those living in dormitories with the index of only 1.6 for EG 2 (compare with 2.1 for EG 2). As further interviews showed, those freshmen who appeared to be far from their homes, needed some time and additional outside impetus to manage their schedule and find the reasonable balance between the studying hours, social activities and sleeping time necessary for their well-being. Interestingly, students of the experimental groups demonstrated little consideration of their Body Mass Index (1.6 for EG 1 and 2.1 for EG2) given that the number of overweight people among first-year Ukrainian students is extremely low. The experiment also showed that one of the favourable trends of nowadays is the tendency to avoid bad habits

such as smoking, drugs and alcohol (2.4 for EG 1 and 2.8 for EG2) – with more satisfying figures for those living far from their families and so having to take their own responsibility for their well-being.

**Table 1: Responses of the students of two experimental groups referring to their Living Conditions and Lifestyle**

Indicator	Questions	Well-being Index Mean ± Standard Deviation			
		Experimental Group 1 (EG 1)		Experimental Group 2 (EG 2)	
		in 2013	in 2017	in 2013	in 2017
<b>Living Conditions and Lifestyle Index</b>	I am aware of the significance of a healthy lifestyle	3.9 ± 0.84	4.8 ± 0.68	4.1 ± 0.38	4.6 ± 0.62
	I tend to avoid bad habits	2.4 ± 0.25	4.5 ± 0.53	2.8 ± 0.65	4.2 ± 0.65
	I know my Body Mass Index (BMI)	1.6 ± 1.7	3.9 ± 0.7	2.1 ± 0.49	3.7 ± 0.48
	I sleep no less than eight hours a night.	2.1 ± 1.3	3.7 ± 1.3	1.6 ± 0.62	3.4 ± 0.71
	I can assess my living conditions as comfortable	4.4 ± 0.32	4.7 ± 0.65	2.7 ± 0.24	3.9 ± 0.44
	<b>Average result</b>	<b>3.08 ± 0.88</b>	<b>4.32 ± 0.77</b>	<b>2.66 ± 0.48</b>	<b>3.96 ± 0.58</b>

The analysis of students’ nourishment and water intake habits (see Table 2) revealed the problem with meals regularity (3.1 for EG 1 and 2.1 for EG2), deficit of fibre, vitamins and microelements due to the fact that freshmen diet (especially of those living in dormitory) appeared to be poor in fruits and vegetables (2.8 for EG 1 and 1.7 for EG2), and there was the shortage of protein too (3.1 for EG 1 and 1.6 for EG2). Moreover, the target population appeared to be unaware of the importance of consuming enough amount of water (1.4 for EG 1 and 1.7 for EG2), which became one of the major concerns of teachers while designing and applying the health saving technology within the groups. Significant difference was reported in the attitude towards the fast food consumption with the tendency to avoid junk food by those living in families (3.6 for EG 1), while the students of the second group were rather in favour of this type of food (with the index only 2.0 for EG 2) mentioning its “affordability, convenience and richness” and disregarding its hazardous consequences for their health.

**Table 2: Responses of the students of two experimental groups referring to their Food Diet and Water Intake**

Indicator	Questions	Well-being Index Mean ± Standard Deviation			
		Experimental Group 1 (EG 1)		Experimental Group 2 (EG 2)	
		in 2013	in 2017	in 2013	in 2017
<b>Food Diet and Water Intake</b>	I try to eat regularly	3.1 ± 0.54	4.5 ± 0.18	2.1 ± 0.38	3.9 ± 0.43
	My diet contains enough fruit and vegetables	2.8 ± 0.62	3.5 ± 0.24	1.7 ± 0.65	4.1 ± 0.76
	I try to avoid fast food	3.6 ± 0.97	4.1 ± 0.71	2.0 ± 0.49	2.9 ± 0.23
	I eat at least one portion of protein a day	3.1 ± 0.32	3.9 ± 0.23	1.6 ± 0.62	2.8 ± 0.71
	I drink no fewer than eight glasses of water a day	1.4 ± 0.45	3.8 ± 0.46	1.7 ± 0.24	3.2 ± 0.54
	<b>Average result</b>	<b>2.8 ± 0.58</b>	<b>3.96 ± 0.36</b>	<b>1.82 ± 0.47</b>	<b>3.38 ± 0.53</b>

For the survey of students’ Emotional Health, we applied the WHO-5 questionnaire, developed at the Psychiatric Research Unit, Mental Health Centre North Zealand, Hillerød, Denmark for children aged 9 and above, which is a short self-reported measure of current mental wellbeing (see Table 3). According to our findings, although freshmen living far from their families felt less cheerful (3.9 for EG 1 and 2.9 for EG2) and

experienced the lack of energy in the morning since their living condition were not always perfect (4.1 for EG 1 and 3.4 for EG 2), however, they found compensation for these factors getting inspiration in things that interested them (3.5 for EG 1 and 3.7 for EG2) with the slightly higher level of activeness (3.5 for EG 1 and 3.9 for EG 2). Interestingly, both groups had to deal with the anxiety caused by tough academic schedule and challenging curriculum (2.6 for EG 1 and 2.1 for EG2).

**Table 3: Responses of the students of two experimental groups referring to their Emotional Health**

Indicator	Questions	Well-being Index Mean ± Standard Deviation			
		Experimental Group 1 (EG 1)		Experimental Group 2 (EG 2)	
		in 2013	in 2017	in 2013	in 2017
Emotional Health	I have felt cheerful and in good spirits	3.9 ± 0.54	4.3 ± 0.68	2.9 ± 0.49	3.5 ± 0.41
	I have felt calm and relaxed	2.6 ± 0.62	3.9 ± 0.58	2.1 ± 0.62	3.7 ± 0.26
	I have felt active and vigorous	3.5 ± 0.91	4.1 ± 0.52	3.9 ± 0.43	3.7 ± 0.18
	I wake up feeling fresh and rested	4.1 ± 0.32	3.8 ± 0.63	3.4 ± 0.52	3.5 ± 0.62
	My daily life has been filled with things that interest me	3.5 ± 0.45	3.7 ± 0.35	3.7 ± 0.4	4.3 ± 0.34
	<b>Average result</b>	<b>3.78 ± 0.56</b>	<b>3.96 ± 0.52</b>	<b>3.2 ± 0.42</b>	<b>3.54 ± 0.36</b>

Having researched the students’ activity level, we found out that figures for both groups are quite alarming with about 50 per cent of students having sedentary lifestyle, more than a half experiencing the lack of physical activity and quite few of them having an active hobby (1.7 for EG 1 and 2.4 for EG2). The situation appeared to be a bit less worrying for EG 2 as they have to take more steps on a daily basis (3.4 for EG 2 with only 2.2 for EG2) and seem eager to take part in University sporting activities (3.1 for EG 1 and 2.1 for EG2).

On balance, the finding data at the beginning of the experiment confirmed the necessity for creating health saving technology aimed at students’ health improvement, and helped to choose the correct strategies and methods. As it can be seen in Table 4, the major subjects of concern were students’ level of fitness (2.24 for EG 1 and 2.78 for EG 2) and dieting habits (2.8 for EG 1 and 1.82 for EG2) when compared e.g. with Emotional Well-being Index of 3.78 for EG 1 and 3.2 for EG 2).

**Table 4: Responses of the students of two experimental groups referring to their Activity Level**

Indicator	Questions	Well-being Index Mean ± Standard Deviation			
		Experimental Group 1 (EG 1)		Experimental Group 2 (EG 2)	
		in 2013	in 2017	in 2013	in 2017
Activity Level	My lifestyle can be called active rather than sedentary	2.8 ± 0.93	3.7 ± 0.61	2.9 ± 0.72	3.9 ± 0.53
	I exercise no less than three times a week	2.4 ± 0.67	3.2 ± 0.63	2.1 ± 0.59	2.7 ± 0.52
	I make no fewer than 10,000 steps a day	2.2 ± 0.3	3.1 ± 0.24	3.4 ± 0.36	3.7 ± 0.43
	I have an active hobby and spend for it now less than two hours a week	1.7 ± 0.72	3.3 ± 0.69	2.4 ± 0.41	3.2 ± 0.6
	I participate in University sports events	2.1 ± 0.61	3.2 ± 0.55	3.1 ± 0.72	4.3 ± 0.4
	<b>Average result</b>	<b>2.24 ± 0.59</b>	<b>3.3 ± 0.54</b>	<b>2.78 ± 0.56</b>	<b>3.56 ± 0.49</b>



**Table 5: Average Well-being Index for four indicators in 2012 and 2016**

Indicator	Average Well-being Index Mean ± Standard Deviation			
	Experimental Group 1 (EG 1)		Experimental Group 2 (EG 2)	
	in 2013	in 2017	in 2013	in 2017
<b>Living Conditions and Lifestyle</b>	<b>3.08 ± 0.88</b>	<b>4.32 ± 0.77</b>	<b>2.66 ± 0.48</b>	<b>3.96 ± 0.58</b>
<b>Food Diet and Water Intake</b>	<b>2.8 ± 0.58</b>	<b>3.96 ± 0.36</b>	<b>1.82 ± 0.47</b>	<b>3.38 ± 0.53</b>
<b>Emotional Health</b>	<b>3.78 ± 0.56</b>	<b>3.96 ± 0.52</b>	<b>3.2 ± 0.42</b>	<b>3.54 ± 0.36</b>
<b>Activity Level</b>	<b>2.24 ± 0.59</b>	<b>3.3 ± 0.54</b>	<b>2.78 ± 0.56</b>	<b>3.56 ± 0.49</b>

As it has been mentioned above, the three stages of health saving technology applied in the course of the experiment intended to design the pattern of tuition favourable for students’ well-being, raise the students’ awareness about what is beneficial for their health, develop their positive attitude towards the healthy lifestyle, get them involved into health-oriented activities in class and apply the knowledge received in their daily life. Owing to the fact that the experiment lasted for four years, the students had enough time to adopt a coherent approach to healthy lifestyle and form healthy habits. The data shown in Table 5 prove the efficiency of this method for improving students’ well being and quality of life, with most crucial progress in building healthy dieting patterns (90 % for EG 1 and 85.7 % for EG 2), the topic for broad consideration and detailed analysis during the classes. Great advance can be also tracked in students’ living conditions and lifestyle (40 % for EG 1 and 48.9 % for EG 2) reflecting general tendencies in shift of their attitudes and regular practices. The students also became more active (47.3 % for EG 1 and 28.1 % for EG 2), however the number of students taking regular exercise is still far from being significant. Students still experiencing some level of stress and anxiety due to the busy schedule, demonstrated little progress in their emotional state (5 % for EG 1 and 10 % for EG 2) – the aspect that should be additionally given thought to in future practices.

**CONCLUSIONS**

Thus, 1) the following indicators of Life Quality Index: Living Conditions and Lifestyle, Food Diet and Water Intake, Emotional Health, and Activity Level were determined and analyzed in order to study the effectiveness of the authors’ health serving technology. The results of the experimental work demonstrate the significant improvement in all the aspects of Well-being Index researched, from relatively little progress in Emotional Health (5 % for EG 1 and 10 % for EG 2) to crucial advance in Food Diet and Water Intake (90 % for EG 1 and 85.7 % for EG 2).

2) The experiment has proved the efficiency of the implementation of the authors’ health saving technology at foreign language lessons with university students, i.e. its effectiveness was statistically confirmed.

3) The developed health saving technology, which included the following stages: teachers-focused preparation, students-focused motivation, and activity implementation, can be suitable for university students at foreign language lessons.

In the context of the said it is necessary to note that the study has perspective directions for further researches. It may be interesting and useful to develop such a technology for implementation at other subject lessons in universities as well as to adopt it for using at secondary schools.

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