



SKILLS FOR THE FORMATION OF A HEALTHCARE CULTURE IN PRIMARY SCHOOL STUDENTS

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Abstract: The development of a healthcare culture among primary school students is a fundamental component of modern education, especially in the context of Uzbekistan's ongoing reforms in the field of child development and public health. Building a healthcare culture involves forming knowledge, values, habits, and behavioral patterns that support a healthy lifestyle from an early age. This paper examines the necessary skills that primary school students should develop in order to internalize and practice healthcare values, and explores how educators can effectively guide this process through structured methodologies, appropriate curriculum integration, and supportive learning environments. The research emphasizes the importance of life skills such as personal hygiene, emotional self-regulation, physical activity, and nutritional awareness as core components of a healthcare culture. Drawing on both national experience and international models, the study proposes a set of pedagogical strategies aimed at equipping students with practical, sustainable skills that will serve them throughout life. Findings demonstrate the necessity of systematic teacher training, school-family cooperation, and the use of engaging, child-centered teaching methods. The results provide actionable insights for curriculum developers, policymakers, and educators seeking to foster a strong foundation of healthcare awareness and responsibility among children.

Keywords: healthcare culture, primary education, life skills, personal hygiene, health awareness, pedagogy, school health programs.

Аннотация: Формирование культуры здоровья среди учеников начальной школы является важнейшим элементом современного образования, особенно в контексте проводимых в Узбекистане реформ в сфере развития детей и общественного здравоохранения. Культура здоровья охватывает формирование знаний, ценностей, привычек и моделей поведения, способствующих здоровому образу жизни с раннего возраста. В данной статье рассматриваются необходимые навыки, которые должны развивать ученики начальных классов для усвоения и применения ценностей здоровья, а также пути эффективного педагогического сопровождения этого процесса посредством структурированных методик, соответствующего включения в учебную программу и создания поддерживающей образовательной среды. Исследование подчеркивает значение таких жизненных навыков, как личная гигиена, эмоциональная саморегуляция, физическая активность и осознанное питание как ключевых элементов культуры здоровья. На основе отечественного и международного опыта предложен комплекс педагогических стратегий, направленных на формирование у детей устойчивых и практических навыков, полезных на протяжении всей жизни. Полученные результаты свидетельствуют о необходимости системной подготовки педагогов, сотрудничества школы и семьи, а также применения увлекательных, ориентированных на ребенка методов обучения. Результаты исследования представляют собой практические рекомендации для разработчиков учебных программ, политиков и педагогов, стремящихся заложить прочную основу осознанного отношения к здоровью у подрастающего поколения.



Ключевые слова: культура здоровья, начальное образование, жизненные навыки, личная гигиена, осознанность в вопросах здоровья, педагогика, школьные программы по здоровью.

Annotatsiya: Boshlang'ich sinf o'quvchilari orasida sog'lom turmush tarziga oid madaniyatni shakllantirish zamonaviy ta'limning muhim tarkibiy qismi bo'lib, ayniqsa, O'zbekistonda bolalarni rivojlantirish va jamoat salomatligi sohasidagi islohotlar fonida dolzarb ahamiyat kasb etadi. Sog'lom turmush tarzi madaniyatini shakllantirish deganda, yosh bolalarda sog'liqni saqlashga oid bilim, qadriyatlar, odatlar va xatti-harakatlar shakllantirilishi tushuniladi. Ushbu maqolada boshlang'ich sinf o'quvchilari sog'liqni saqlash madaniyatini ichki ehtiyojga aylantirib, amaliyotga joriy etishi uchun zarur bo'lgan ko'nikmalar hamda pedagoglarning bu jarayonda qanday metodik yondashuvlardan foydalanishi mumkinligi tahlil qilinadi. Tadqiqotda shaxsiy gigiyena, hissiy holatni boshqarish, jismoniy faollik va to'g'ri ovqatlanish kabi hayotiy ko'nikmalar sog'liq madaniyatining asosiy tarkibiy qismlari sifatida ko'riladi. Maqolada milliy tajriba hamda xalqaro modellar asosida o'quvchilarda barqaror va amaliy ko'nikmalarni shakllantirishga qaratilgan pedagogik strategiyalar taklif etiladi. Tadqiqot natijalari pedagoglarni tizimli tayyorlash, maktab va oila hamkorligini yo'lga qo'yish, shuningdek, bolaga yo'naltirilgan va qiziqarli o'quv usullaridan foydalanish zarurligini ko'rsatadi. Ushbu natijalar o'quv dasturlari ishlab chiquvchilari, siyosatchilar va o'qituvchilar uchun bolalarda sog'liqni qadrlash va unga mas'uliyat bilan yondashish madaniyatini shakllantirishda foydali bo'lgan amaliy tavsiyalarni beradi.

Kalit so'zlar: sog'liq madaniyati, boshlang'ich ta'lim, hayotiy ko'nikmalar, shaxsiy gigiyena, sog'liqni anglash, pedagogika, maktab salomatlik dasturlari.

Introduction

The foundation of a healthy society lies in the early formation of healthcare awareness and habits among its youngest members. In the context of primary education, the formation of a healthcare culture is not merely an optional subject but a vital element that shapes a child's physical, mental, and social development. Primary school students are at an impressionable age when lifelong behaviors and attitudes are being formed. Therefore, education systems must prioritize the development of essential skills that contribute to a healthcare-conscious mindset. This is particularly relevant in Uzbekistan, where recent reforms in public health and education call for a greater emphasis on holistic child development, including health promotion within the school environment.

A healthcare culture encompasses a wide range of attitudes and practices, from basic hygiene and nutrition to emotional well-being, safety awareness, and physical activity. Instilling these habits in young students requires more than sporadic lessons or general advice. It demands a skill-oriented approach, where children are taught not only what is healthy but how to integrate healthy practices into their daily lives. These skills include proper handwashing techniques, recognizing signs of illness, understanding the importance of balanced meals, emotional self-regulation, and conflict resolution, among others. Teachers play a crucial role in this process by serving as both instructors and role models.

In Uzbekistan, while the national curriculum acknowledges the importance of health education, there remains a lack of consistency in its implementation. Many schools offer some form of health-related education, but it often lacks coherence, depth, and practical relevance. This situation points to the need for an improved pedagogical approach that equips children with actionable skills rather than abstract knowledge. Additionally, the involvement of families and communities in supporting health education is still limited, which weakens the impact of school-based efforts.



Global trends in education show a growing commitment to health and wellness in primary schools. Countries with successful health education programs focus on skill-building from the earliest years. These programs recognize that cognitive understanding must be paired with behavioral training to achieve lasting results. In Finland, for example, health education is integrated into various subjects and supported by a whole-school approach that includes meal planning, physical activity, and emotional well-being programs. Similar models in Canada and South Korea demonstrate that sustained, skill-based health education leads to improved student outcomes not only in health but also in academic performance and social behavior.

The integration of healthcare culture in schools also supports broader developmental goals, including the promotion of responsibility, empathy, and self-discipline among children. As students learn to take care of their own well-being, they also become more aware of how their actions affect others. This shift from individual knowledge to communal awareness is essential in forming a sustainable and inclusive health culture. Furthermore, as societies confront global challenges such as pandemics, malnutrition, and mental health crises, the importance of early health education becomes even more urgent.

This paper aims to explore the specific skills that are necessary for the formation of a healthcare culture in primary school students and to analyze how these skills can be effectively developed through structured educational methodologies. The study also investigates the current state of health education in Uzbekistan's primary schools, compares it with international practices, and offers recommendations for improvement. By emphasizing skill formation over information delivery, this research contributes to the ongoing efforts to reform the educational landscape of Uzbekistan and nurture a healthier, more informed generation.

Literature Review

The formation of a healthcare culture in the early stages of education has attracted increasing attention from both educational theorists and public health researchers. Numerous studies emphasize that early childhood is a critical period during which lifelong health behaviors and attitudes are formed. According to the World Health Organization, health education that begins in primary school significantly contributes to the prevention of non-communicable diseases and supports mental, emotional, and social well-being throughout life. Educational institutions, therefore, serve as a primary arena for cultivating health awareness and responsibility among children.

Researchers have identified a broad range of life skills that underpin the development of a healthcare culture in young learners. These include personal hygiene, physical activity, nutritional knowledge, self-care, emotional management, and communication skills. In their studies, Hargreaves and Fullan argue that education must be holistic and should integrate health and well-being across all subjects and learning experiences. Their work supports the idea that a healthcare culture is not formed by health classes alone but through the consistent reinforcement of healthy behaviors in the entire school environment.

In Uzbekistan, local studies have recognized the importance of health education but note that implementation remains fragmented. Researchers from the Uzbekistan Ministry of Public Education have highlighted the lack of methodological resources, teacher training, and structured assessment tools. Although the curriculum mentions health outcomes, teachers often feel unprepared to deliver practical skills or monitor behavioral development. As a result, health topics are often addressed superficially, without long-term retention or real-life application.

Comparative studies from countries like Finland, Japan, and Canada demonstrate the effectiveness of comprehensive, skill-based approaches to health education. These programs emphasize student-centered learning, parental involvement, and continuous teacher development. For example, Finland's model involves the integration of health-related content into subjects such as biology, ethics, and physical education, while also providing students with real-world contexts through projects, teamwork, and experiential learning.



Overall, the literature reveals that forming a healthcare culture among primary school students requires a structured, multi-level strategy involving curriculum reform, pedagogical innovation, teacher training, and community involvement. These findings serve as a foundation for developing a localized yet globally informed approach to improving health education in Uzbekistan's primary schools.

Methodology

This study employs a mixed-methods research approach to explore the development of healthcare culture skills among primary school students in Uzbekistan. The methodology combines both qualitative and quantitative techniques to provide a comprehensive understanding of current practices, challenges, and effective strategies in primary school health education.

The research sample includes 10 public primary schools from different urban and rural regions of Uzbekistan, selected to ensure diversity in socio-economic background and school infrastructure. Participants include 40 primary school teachers, 300 students aged 7 to 10, and 150 parents. The data collection tools include structured teacher interviews, classroom observations, student surveys, and parental questionnaires. In addition, curriculum documents and textbooks were analyzed to evaluate the integration of health-related topics and skills in the teaching materials used in Uzbek primary schools.

Teacher interviews focused on educators' perceptions of healthcare education, the skills they consider most important, the teaching methods they use, and the challenges they face in implementation. Classroom observations were used to examine the real-time application of healthcare education in the school setting, with a focus on student engagement, teaching techniques, and the integration of health themes across subjects.

Student surveys included age-appropriate questions about their understanding of hygiene, healthy food choices, exercise, and emotional well-being. These surveys were designed to assess both the level of knowledge and the practical application of health-related skills. The parental questionnaire aimed to assess how families support health education at home and whether they are aware of school-based health initiatives. In addition to primary data collection, a comparative analysis of international case studies from countries like Finland, Japan, and South Korea was conducted to identify best practices and methodologies that could be adapted to the Uzbek context. These case studies were selected based on their comprehensive and successful implementation of health education programs at the primary level.

Data were analyzed using descriptive statistics for the quantitative components, and thematic coding for qualitative responses. Cross-analysis was used to identify correlations between teaching methods, student behavior, and parental involvement. The validity of the data was ensured through triangulation, comparing responses from students, teachers, and parents to identify consistent patterns or contradictions.

The methodological design of the study ensures a holistic understanding of the existing gaps and potential for improvement in forming healthcare-related skills among primary school students. It provides a reliable foundation for developing informed, practical recommendations tailored to the educational landscape of Uzbekistan.

Results

The findings of the study indicate several important trends regarding the formation of healthcare culture skills among primary school students in Uzbekistan. Data collected from surveys, interviews, and classroom observations reveal a mixed picture in which some elements of health education are being addressed, but critical gaps remain in both scope and depth.

From the student surveys, it was found that while most children demonstrate basic awareness of hygiene practices such as washing hands and brushing teeth, their understanding of broader health issues such as emotional well-being, balanced nutrition, and regular physical activity is limited. Only 36 percent of students correctly identified all five food groups and their benefits, and fewer than 30 percent engaged in physical



exercise beyond organized physical education classes. Emotional health was the least understood domain, with many children unable to articulate strategies for coping with stress, fear, or anger.

Teacher interviews revealed that 72 percent of educators recognize the importance of forming a healthcare culture but feel unprepared to teach it effectively. The majority cited a lack of up-to-date teaching materials, insufficient time in the curriculum, and the absence of structured lesson plans as significant barriers. Some teachers rely on informal conversations or activities during class breaks to discuss health issues, rather than delivering structured content. A small number of teachers with additional training in health education were able to integrate interactive techniques such as health-themed storytelling, games, and classroom projects, with noticeable positive engagement from students.

Classroom observations supported these findings. In schools where health education was included in daily routines—such as morning discussions on hygiene or brief physical exercises—students showed greater enthusiasm and participation. However, in many cases, health education was treated as a peripheral topic rather than an integral part of the learning process. The observed lessons often lacked continuity and were not supported by visual aids, assessment tools, or hands-on activities.

Parental questionnaires showed that about 40 percent of families actively engage in promoting health-related skills at home, such as preparing balanced meals and discussing hygiene. However, only 25 percent of parents were aware of the health topics covered at school. Parents expressed interest in contributing to school efforts but cited a lack of communication from schools and limited understanding of how to support health education at home.

The analysis of curriculum documents revealed that health-related topics are mentioned, particularly in subjects like natural sciences and physical education, but the emphasis is mostly theoretical. Skills-based learning objectives are often vague or absent, and there is no consistent evaluation framework for measuring students' progress in acquiring healthcare culture skills.

Comparative analysis with international case studies showed that successful models typically include structured weekly lessons on health, a strong emphasis on emotional well-being, parent-teacher collaboration, and ongoing teacher training. These elements are largely underdeveloped in the Uzbek context but were received positively in pilot programs introduced during the study.

Overall, the results suggest that while there is general awareness and intent to foster a healthcare culture in primary education, the practical implementation is inconsistent and lacks methodological support. To achieve meaningful and lasting outcomes, a shift is needed toward structured, skill-focused, and interactive health education supported by both the school system and families.

Discussion

The results of the study underscore the complexity of forming a sustainable healthcare culture among primary school students and highlight the urgent need for more structured, skills-based educational practices in Uzbekistan. While the general awareness of health issues is present among students and teachers, there remains a significant gap between knowledge and actionable skills. This disconnect suggests that the current educational approach focuses too heavily on theoretical instruction and does not adequately equip children with the ability to apply healthcare concepts in daily life.

One of the most important findings is the lack of consistency in the integration of healthcare topics into the curriculum. Health education is often treated as a secondary subject or addressed only during physical education or science classes. This fragmented approach limits students' exposure to essential life skills and fails to reinforce healthy behaviors across different learning contexts. In contrast, educational models in countries like Finland and Canada demonstrate the value of integrating healthcare topics throughout all



subjects and embedding health-conscious behaviors into the daily routines of school life. These models show that consistency and repetition are key to building habits in young learners.

The study also highlights the critical role of teachers, who often serve as the primary source of health-related knowledge for students. However, without proper training and methodological support, even motivated teachers struggle to deliver effective health education. Many educators reported a lack of resources and expressed uncertainty about how to present complex topics such as mental health, nutrition, or disease prevention in an age-appropriate and engaging manner. This calls for investment in ongoing professional development programs specifically focused on health education methodologies, including child psychology, communication strategies, and interactive teaching techniques.

Parental involvement emerged as another significant factor. The data shows that health behaviors practiced and encouraged at home greatly influence children's daily habits. Unfortunately, communication between schools and families about health education remains weak. Parents are often unaware of the topics being discussed at school and therefore miss opportunities to reinforce them at home. This points to the necessity of creating structured communication channels—such as regular health newsletters, family health workshops, or collaborative health projects—to bridge the gap between home and school environments.

The lack of practical, interactive teaching methods also limits the impact of health education. Students demonstrated greater engagement and retention of information when lessons included storytelling, group work, visual aids, and real-life simulations. These methods align with constructivist learning theories that emphasize the active role of the learner in constructing knowledge. To improve outcomes, health education must shift from lecture-based formats to participatory activities that allow students to explore, practice, and reflect on healthy behaviors in meaningful ways.

Another area requiring attention is the assessment of health-related skills. Currently, there are few mechanisms for evaluating how well students have internalized and applied the skills necessary for maintaining health. Traditional assessments focused on memorization do not capture behavioral change or critical thinking. Alternative assessment strategies—such as project-based evaluations, self-assessment tools, and teacher observation—should be developed to monitor students' progress in forming a healthcare culture.

Lastly, the study suggests that healthcare culture must be understood as a holistic concept encompassing not only physical well-being but also emotional, social, and environmental health. This broader view aligns with global definitions of health and supports the idea that emotional intelligence, stress management, and empathy are just as important as hygiene and nutrition. Schools should adopt a comprehensive model of health education that addresses all dimensions of student well-being and prepares children for the complex health challenges of modern life.

In summary, the discussion highlights that forming a healthcare culture among primary school students requires systemic changes in curriculum design, teacher training, parental engagement, and classroom methodology. Without these improvements, health education will remain an underutilized tool in the overall development of young learners. By implementing structured, skill-focused, and collaborative strategies, Uzbekistan's education system can foster a generation of students who are not only academically capable but also equipped to lead healthy and responsible lives.

Main Part

Developing a healthcare culture in primary school students involves more than teaching isolated facts about the human body or hygiene—it is about equipping children with practical, long-term skills that guide behavior, decision-making, and social interaction. In the context of Uzbekistan's educational system, this process requires a rethinking of traditional classroom approaches and a transition to child-centered, activity-based learning that reflects the realities of children's lives.



One of the most fundamental skills to develop is personal hygiene. Children at the primary school level must be taught not only what personal hygiene is, but how to practice it effectively and why it matters. Skills such as proper handwashing, tooth brushing, and cleanliness of school supplies and clothing should be introduced in structured routines. Visual reminders, demonstration activities, and peer monitoring can help reinforce these behaviors until they become habits. For example, classrooms can begin each day with a hygiene check or a collective hygiene task to create consistency and community support around health-related routines.

Nutrition education is another essential aspect of healthcare culture. Children often have limited knowledge about food categories, portion control, and the effects of poor eating habits. Through interactive lessons, children can learn to identify healthy foods, understand the concept of a balanced diet, and practice planning simple meals. Cooking demonstrations, school gardens, and health-related games are effective ways to make nutrition education tangible and engaging. These activities also encourage critical thinking, as students learn to evaluate food choices and develop personal responsibility for what they consume.

Physical activity must be presented not merely as sports or physical education classes, but as an essential and enjoyable part of everyday life. Skills such as coordination, movement awareness, and stamina can be built through daily exercise breaks, classroom yoga, or movement-based learning in subjects such as math or language arts. These methods help students develop positive associations with physical activity and reduce sedentary behavior, which is becoming increasingly common due to digital media and changing lifestyles.

Emotional regulation and mental well-being are equally crucial. Primary school is a period of rapid emotional development, and children often face stress, social challenges, and fear of failure. Teachers can introduce simple skills for recognizing emotions, practicing self-calming techniques, and resolving peer conflicts in constructive ways. Regular circle time, storytelling about emotions, drawing and music therapy, and mindfulness exercises are practical strategies that help children understand and manage their feelings. Building emotional literacy at a young age lays the groundwork for resilience and social harmony.

Communication skills also form a vital part of healthcare culture. Children need to express their needs clearly, listen to others, and respond to conflict peacefully. Classroom discussions, role-playing, and cooperative group projects are ways to develop these competencies. When students are empowered to communicate about their feelings, boundaries, and health needs, they become more confident and capable in managing their well-being and supporting others.

Inclusion of families in the learning process extends the reach of these skills. Parents can support their children's development by practicing health routines at home and participating in school events. Schools can distribute weekly health tips, organize joint parent-student workshops, and provide take-home projects that involve the whole family. This shared responsibility reinforces the idea that healthcare culture is a lifestyle, not a subject.

For teachers to successfully develop these skills in students, they themselves must possess adequate methodological training and access to creative teaching resources. School administrators and policymakers must ensure that teachers receive continuous professional development and are provided with toolkits, audiovisual materials, and classroom supplies that support health education. Collaborative planning among educators, health workers, and psychologists can result in a more holistic approach that addresses both physical and emotional health.

The formation of a healthcare culture in primary school students requires the development of practical, daily-life skills delivered through interactive, consistent, and inclusive methods. By focusing on personal hygiene, nutrition, physical activity, emotional intelligence, and communication, schools can nurture children who are not only academically prepared but also health-literate, socially aware, and emotionally strong.

Conclusion



The formation of a healthcare culture in primary school students is not simply a matter of adding health-related topics to the school curriculum. It is a long-term educational process that requires a holistic, skill-oriented, and collaborative approach. This study has shown that while the awareness of health and well-being exists among students, teachers, and parents in Uzbekistan, the methods used to foster healthcare culture are still underdeveloped and inconsistent. A more systematic strategy is needed to ensure that children acquire not only knowledge but also practical and sustainable skills that will support their lifelong health.

The findings demonstrate that key components such as personal hygiene, balanced nutrition, physical activity, emotional intelligence, and communication must be introduced as integrated elements of daily school life. These skills cannot be effectively taught through traditional lecture-based methods alone. Instead, students must be actively engaged through hands-on activities, group work, and real-life applications. The use of storytelling, art, games, and physical movement in lessons has been shown to significantly increase retention and foster positive attitudes toward health.

Teachers play a central role in this process. However, the current system does not adequately equip them with the knowledge, materials, or confidence required to teach health education effectively. Investment in teacher training and resource development is critical. Workshops, methodological guidelines, and interdisciplinary planning will help educators adopt more effective and creative approaches to teaching healthcare culture. Schools should also create supportive environments that encourage health-positive behaviors, such as routine hygiene checks, physical activity breaks, and open discussions about feelings and relationships.

The role of families is equally important. Without reinforcement at home, school-based health education cannot achieve its full impact. Stronger communication between schools and parents is essential, along with shared activities and learning projects that engage families in promoting health. A home-school partnership in health education creates a consistent and supportive framework for students to develop and maintain healthy habits.

Moreover, the implementation of monitoring tools and assessment frameworks will allow educators and policymakers to track student progress and adjust teaching methods accordingly. These tools should measure not only academic knowledge of health topics but also behavioral change and emotional growth.

International examples highlight the success of multi-level health education programs that involve schools, communities, and national health systems working together. Uzbekistan has the opportunity to adapt these models within its own cultural and institutional context, focusing on practical solutions that fit local conditions. Pilot projects, policy revisions, and collaborations with medical professionals can lay the groundwork for more effective healthcare culture education.

In summary, forming a healthcare culture among primary school students is a multifaceted task that demands more than occasional lessons or awareness campaigns. It calls for a dedicated, child-focused methodology that emphasizes life skills, emotional development, and active participation. By supporting teachers, involving families, and designing inclusive, skill-based health programs, Uzbekistan can build a healthier, more resilient young generation that is equipped to face the challenges of the future with knowledge, confidence, and care.

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