
COVID-19 Pandemic: Physical Wellness Approaches Used by Australian Families in Melbourne

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Abstract

The global outbreak of the COVID-19 pandemic has affected all dimensions of human well-being. Protocols established to mitigate the spread of the epidemic have had significant results on levels of well-being related to physical fitness. This study discusses the disposal practices of several households in Melbourne, Australia, during the Covid-19 pandemic and the transition through the pandemic. The study addressed five potential factors including pre-Covid-19 physical fitness, the overall impact of Covid-19 on physical fitness, the incidence and use pathways of Covid-19 on specific aspects of physical fitness. . A critical analysis of the COVID-19 physical fitness and suggested changes in households for physical fitness in research. According to the results of the study, the epidemic had both positive and negative effects on the physical well-being of the family. They outline the household's strategy for future possibilities to deal with any epidemic. It is expected that appropriate implementation of the suggested strategies will significantly contribute to the physical well-being of individuals and families facing physical well-being challenges.

Keywords: COVID-19, Families, Pandemic, Physical Wellness,

Introduction

The COVID-19 pandemic caused many problems that often influenced almost every dimension of human existence (OECD 2020). To minimize the spread of the virus, governments adopted drastic measures, such as social distancing and lockdowns. This confinement affected on many occasions the well-being of individuals and families to varying degrees (UN 2020; Government of Wales 2020). The Organisation for Economic Co-operation and Development (OECD) (2020) noted that the pandemic affected vulnerable and marginalised people, increasing anxiety and stress. In addition, studies have shown the intersection between identity factors such as gender, Race; Ethnicity; socio-economic factors; and intellectual and bodily disability has increased the proportionality of the impact of COVID-19 on people (Queral-Basse 2020; OECD 2020). According to this paper, underlying factors, such as well-being, are often abandoned or sometimes abandoned (Dokov, Milkova, and Stamenkov 2020). While well-being refers to the eight dimensions (social, physical, occupational, spiritual, emotional, financial, intellectual, environmental), according to the Swarbrick and Yudof (2015) model, this document is based solely on physical well-being. This paper looked at how Australian families rebuilt their physical well-being as the COVID-19 pandemic progressed.

Wellness And Families

According to this document, wellness is an active search for opportunities, activities and lifestyles important for holistic health (Global Wellness Institute n.d.). Well-being means a subjective condition, being happy or having an individual where they are in a welfare state, and well-being is attributed to an active decision-making process that arises in optimal well-being and optimal health (Goodman et al. 2018). In addition, wellness refers to the treatment of an illness or the healing of a sick patient, while "wellness" refers to moving towards optimal health in all dimensions of wellness (Oliver et al. 2019). The well-being of nature is multidimensional and holistic, as is

social, financial, spiritual, intellectual, environmental, occupational, emotional and physical well-being (Swarbrick and Yudof 2015). Reflection, regular exercise and a balanced diet are some of the opinions for the well-being of individuals and families. Before the onset of the COVID-19 pandemic, the demand for wellness programs among developed countries increased. This increase in demand was driven by factors such as an aging population and higher-income groups seeking higher levels of well-being (Kourtiti et al. 2021). Therefore, people are learning that wellness contributes to sustainability in all walks of life and can improve physical health (Ali-Knight and Ensor 2017).

From a family well-being perspective, family relationships are required to foster interdependence within relationships and be necessary for lifelong well-being (Umberson et al. 2015). TIS (2022); Thomas and Umberson (2017) and Suitor et al (2017) are decisive for families for the following reasons: families have laid the foundation for future relationships. families give a source of encouragement and love; families foster a sense of belonging; Families are pillars of strength in difficult times; and family relationships relate to mental health. Therefore, healthy families have better and stronger relationships; and the opportunity to enjoy a long, happy and healthy life.

Different types of family relationships, such as couples, retirees, single parents, same-sex couples, Aboriginal and migrant couples, increase the complexities of family relationships while affecting the dynamics of well-being within families (Lee, Clarkson-Hendrix, and Lee 2016). Thus, the nature of family relationships can significantly promote or delay well-being among family members, as relationships bring meaning, meaning, and objective resources that can affect well-being (Suitor et al. 2017). For example, the quality of social assistance provided by families (e.g. care, love and sympathy) can influence the physical and emotional well-being of family members. In addition, family members can have a positive impact on improving physical well-being. These main components of well-being contribute to regulating the behavior of family members, without compromising the mechanisms of treatment of well-being problems (Suitor et al. 2017). Conversely, bad relationships can weaken well-being in different dimensions of well-being. Therefore, as well-being is a life process, the order of management and maintenance of well-being.

In particular, the COVID-19 pandemic affected family well-being in various ways. It affected family cohesion; and led to negative moods, stress, job loss, and sometimes aggressive behavior, among others (Feinberg et al. 2021). The unprecedented consequences of the pandemic resulted in the deaths of families who during the pandemic were unable to obtain resources to rebuild their well-being or obtain resources.

Therefore, this work expressly analyzed how it affected the physical well-being of families and how that well-being was reconstructed as the pandemic occurred. Nurturing this well-being can serve not only the well-being of people within the family, but also the well-being of others, beyond the family context.

Therefore, this study is based on the health, quality of life and development of lifestyle behaviors of family members that promote optimal and holistic well-being, but from the point of view of physical well-being. To this end, the study aimed to reconstruct physical well-being among Australian families in transition, as a result of the covid-19 pandemic, using the eight dimensions of well-being of Swarbrick and Yudof (2015).

Wellness And Covid-19

Nations are made up of societies and societies are made up of families. The pursuit of the well-being of families is fundamentally important, as they are the foundation of communities, and well-being plays a fundamental role in the well-being of all family members. Therefore, the guarantee of the collective well-being of families significantly affects different areas of society. However, wellness is a life process with positive and negative experiences. As such, at any given time, a person may feel healthy and optimistic about life, but at others depressed and very emotional. In the time of global pandemics like COVID-19, people are likely to have feelings of stress, anxiety, and helplessness. In this sense, the study showed that 41% of participants faced the challenges of COVID-19 and others due to threats to job security, benefits and wages (SHRM Covid-19 Research 2020). In addition, the Waite and Creswell study (2020) identified major stressors, such as work. Children; and the well-being of families and friends is further evidence of COVID-19's influence on well-being. In addition, OECD survey results pointed to the negative psychological effects of quarantine and social distancing (2020). This is further confirmed with

participants reporting anxiety, loneliness, and stress (Etheridge and Spanting 2020) in the United States and the United Kingdom. McGinty et al. 2020; WHO 2020).

Especially, many Torres Strait Islanders and many of the Australian Aborigines who frequently travel between funeral and bereavement communities (Australian Department of Health 2020). They struggled to combine the reduction of COVID-19 with their cultural obligations in the COVID-19 lockdown with the social distancing impositions that directly affected their well-being (Power et 2020). In addition, vaccines for interperson-based herd immunity are geared to take time (70% of the population). However, due to variants of the virus, vaccines did not necessarily guarantee a 100% success rate (Lee 2020). Therefore, the view of many governments to control the COVID-19 pandemic is to frequently wash social distancing, isolation, quarantine and wash hands. However, when implemented and prolonged at the same time, some of these measures can have consequences on well-being and can appear in emotional and mental problems, such as well-being challenges. However, while pandemics such as COVID-19 occur, access to health facilities, including mental health facilities and other settlements, is receiving less attention worldwide, considering the perspective of COVID-19 patients and limited healthcare facilities. Limited public health care facilities are under pressure to deal with emergencies for COVID-19 patients, the top priority worldwide. This requires coping mechanisms to reduce hardship among Australians. Therefore, there is a need to look at alternative home-based mechanisms to rebuild well-being in this and subsequent pandemics as a means of shaping other government initiatives. Home-based physical well-being mechanisms, which foster resilience in the pandemic, are so far limited, reducing the knowledge base of this human need. Therefore, the study aimed to give a more personal response to physical well-being among Australian families to fill that gap.

Physical Wellness And Covid-19

Physical well-being requires maintaining a healthy body; good nutrition and exercise; obtain adequate medical care; participate in daily routine and healthy physical habits; value activities of life that build and maintain physical well-being; quality food and good medical care (Samhsa, 2016). Physical well-being is decision-making to avoid harmful habits; and perform actions that promote an individual's healthy body and safety (Jia et al. 2021; Goodman et al. 2018). It includes consideration of the need for physical activity, sleep, and food. Overall, scientists have observed that common physical activity (PA) has valuable effects on well-being and well-being (Zhu, 2019). Chen et al., 2018; Gao et al., 2020; Park and Yim, 2016). It is important to note that PEA and exercise not only maintain physical well-being, but also help the body respond to the harmful effects of many diseases, such as hypertension, cardiovascular disease, and respiratory diseases (Lavie et al., 2019). Jimenez-Pavón et al., 2020; Kim, 2013).

According to the organization Shaukat et al. (2020), the study showed that COVID-19 risks were related to physical illnesses when working in high-risk jobs. improper hand hygiene; suboptimal hand hygiene before and after contact with patients; inadequate PPE; close contact with patients; long hours a day to contact the sick; and unprotected exposure. In a review of 31 studies, lack of physical activity (COVID-19) as a consequence of the current pandemic limits Bentlage et al. (2020) was alleged to be a serious public health problem, particularly in life expectancy and some physical health problems (Jurak et al., 2020). Although the systems were effectively implemented and the spread of the pandemic is known to be prevented, no attention was paid to the influence of physical well-being. According to a study by Jiménez-Pavón, Carbonell-Baeza and Lavie (2020), isolation, especially when combined with the end of school, social relationships and travel limits, can weaken the level of physical well-being of COVID-19.

In addition, it is important to note that physical activities and exercise, in addition to maintaining physical and mental well-being, help the body respond to the harmful effects of infections caused by covid-19 (Lavie et al., 2019). Jiménez-Pavón et al., 2020). For example, Shaukat et al. (2020) argued that maintaining physical well-being in COVID-19 has access to healthy foods for better control of eating habits. set healthy diet goals; participate in fun physical activities; the use of stairs in elevators or escalators; travel short distances; Sleep from 7:00 to 8:00, whenever possible; avoid many foods before bedtime; visit your doctor, dentists, or other health care providers for regular care and monitors; regularly monitor blood pressure, waist circumference and blood sugar to avoid chronic conditions; Find free magazines for home training/substance listening equipment/videos/And be aware of triggers that can harm physical well-being. According to researchers, reduced physical activity affects

physical well-being (Schary and Lundqvist 2021; Maugeri et al. 2020; Goodman et al. 2018; Global Wellness Institute, n.d.).

Living with the diseases and limits of Covid-19 underlines the importance of being physically fit and healthy. Physical well-being alleviates psychological well-being problems as a consequence of vulnerability and stress (Jimenez-Pavón et al. 2020). Consequently, despite adopting preventive measures, such as hand washing, social division and self-disconnection, protecting people and immersing themselves in opportunities for physical well-being (Jimenez-Pavón et al. 2020). According to studies, reduced physical movement and long periods of inactivity are linked to poor physical and emotional well-being. The beneficial effects of normal physical movement on well-being are well documented (McLeod, Stokes & Phillips 2019). Amaral and Vries 2020).

The changes caused by COVID-19 affected many regular physical wellness routines (Jimenez-Pavón 2020; Oliver et al. 2019). It also brought new challenges that make it difficult to make decisions to better protect the body, health and safety (Binghamton University 2021). Due to the COVID-19 pandemic, people have rested and checked their physical health and well-being. Therefore, it is important to protect ourselves and prevent the spread of the virus.

Research Methodology

The nature of this qualitative research influenced the researcher to choose an exploratory research design. The fundamental benefit of exploratory research is that it provides information about problems and research that were not well investigated in different contexts (Babbie and Mouton 2001).

Sampling strategy used in research

This research used non-probability sampling for the target population, so an appropriate sampling strategy targeted families cited by an NGO manager, within the scope of the researcher. Using probability sampling, the researcher said the choice of the 12 families would be based on the usual representativeness of Australian Aboriginal families. single-parent families; homosexual couples; childless couples; heterosexual families; minority groups and majorities; Retired; Retired; and open to all races to ensure diversity and representativeness. In addition, 12 families formed a single household and intervened as parents, spouses, children, siblings, grandchildren or nuclear family, living as a unit. To analyze and analyze the population of different types of families, the researcher chose families duly available to the researcher (Taherdoost, 2016). The families interviewed in this study were substituted as numbers (e.g., Family 1), according to the order in which they interviewed the families.

Data collection and method of analysis

This research used the qualitative approach (interviews). The interviews were conducted by the researcher in person or through zoom video calls. The conversations generated electronic data through voice recordings and were reserved for transcriptions and analysis. This helped lead against data loss and ensure quality and reliability. The documents were then imported into QSR NVivo 12 software for easy analysis. The software presented the coded data as subtopics for the 5 topics identified in the interview guide, grouping the data into useful subjects and subsections. They endeavoured to ensure objective comparison of the data, taking into account the point of view of the study. This coincides with the recommendation of Spencer (2011) that "the 'craft' of qualitative research demands a balance between the forces of disability so that the data collected speak for themselves and structuring and ordering the principles derived from the theoretical models and concepts of deductive forces." Moreover, Saldaña (2021) pointed out that, as a principle, it is necessary to previously define a provisional list of codes (deductively) to harmonize with the conceptual framework of the research. Thus, the study topics were previously detailed for the collection and analysis of the data; Suomas were identified inductively.

Qualitative Study On Physical Wellness

According to Swarbrick and Yudof (2015), physical well-being requires good nutrition and exercise habits. the maintenance of a healthy body; participate in daily routine and healthy physical habits; adequate health care; participate in life activities that build and maintain physical well-being; maintenance of quality food; and adequate health care. Other researchers, such as Goodman et al. (2018) and Jia et al (2021),

described physical well-being, such as making decisions to avoid harmful habits and performing actions that facilitate an individual's physical body, health, and safety.

The narrative that follows is protected by a debate that emerged in several subsections that emerged for physical well-being. This research used a deductive approach that preferred the themes and that under each of the five main themes were the underground.

Table 1
Inductive themes and sub-themes for physical wellness

THEMES	SUBTHEMES
1. Physical wellness situation before COVID-19	1. Outdoor exercise, 2. Household chores
2. Overall effect of COVID-19 on physical wellness	1. Positive effect on physical wellness, 2. Negative effect of COVID-19 on physical wellness
3. Impact of COVID-19 on specific aspects of physical wellness	1. Daily exercise routines, 2. Dietary habits, 3. Alcohol and other substance usage, 4. Sleep patterns, 5. Regular health check-ups, 6. Weight management, 7. Stress levels
4. Pathways to the management of physical wellness during COVID-19	1. Physical activity, 2. Healthy eating, 3. Medically vigilant 4. Connection with others
5. Recommended changes to physical wellness	1. Physical exercise, 2. Healthy eating, 3. Adequate sleep 4. Joining dancing classes, 5. Good hygiene practice, 6. Medical consciousness

Analysis Of Inductive Sub-Themes

Theme 1: Physical wellness situation before COVID-19

The participants were asked to provide information on the physical activities they engaged in before COVID-19.

Subtheme 1: Outdoor exercise

The participants from family 10 engaged in jogging, walking and swimming.

Day-to-day exercises, which included morning jogs, walks and going to the beach for swims (Family 10).

The extracted data from family 8 and family 12 representatives also revealed multiple physical activities.

The grandchildren played sports at school and belonged to swimming and soccer clubs (Family 8).

Going to the gym, swimming, and doing our own gardening (Family 12).

Subtheme 2: Household chores

Another interesting physical activity revealed by some of the participants was doing household chores.

I do the household chores (Family 1).

We also did this activity around the house when necessary (Family 4).

Wash the car weekly, and clean the home (Family 5).

Other family members barely were involved in any form of exercise or physical activities, apart from household chores (Family 7).

The aforementioned household activities can also be considered physical activities. According to Murphy et al. (2013), lifestyle approaches to physical activity include encouraging physical activity and transparency at home; make yourself or maintain the house; and duties. Therefore, performing any physical activity, such as domestic work, can contribute to the achievement of the physical well-being necessary in confinement conditions. This coincided with the argument Murphy et al. (2013), arguing that any activity is better than any other.

Theme 2: Overall effect of covid-19 on physical wellness

COVID-19 stopped for many people and rekindled physical health and well-being. This topic looked at the impact of changes in physical adaptation routines from COVID-19 changes.

Subtheme 1: Positive effect on physical wellness

Physical well-being requires maintaining a healthy body; good nutrition and exercise; good physical health habits; and obtaining adequate medical care (Swarbrick & Yudof, 2015). Some participants observed that COVID-19 had a significant impact on their diets, sleep habits, and physical activities.

- Healthy diets

Some of the participants engaged in healthy eating during the lockdown

Maintained healthy drinking and eating habits (Family 12).

We cut down on buying expensive vegetables/ meat because of costs. Our diets were healthy but restricted (Family 5).

I cooked more as we stopped buying uber eats (Family 8).

The Ammar et al. (2020) study argued that COVID-19 increased the unhealthy model of food consumption, but previous narratives suggested that previous narratives had healthy diets and habits. The main reason is that among the participants of 10 families who, instead of buying, began to prepare their meals.

Cooking more healthy meals at home instead of buying improved our dietary habits (Family 10).

Another reason to increase healthy eating was that the couple has comforts, so he continued with healthy eating habits.

We continued with healthy eating as my husband and I have co-morbidities, which require us to be on special diets (Family 1).

- Midday sleep

Another positive effect was sleep models. This is contained in the following statement:

We assure you that I will get plenty of sleep, even a midday nap, especially on days when I have extra household chores (Family 1).

- Increase in physical activities

While Ammar et al. (2020) reported that home confinement during COVID-19 resulted in a decrease in all levels of physical activities. However, for family 10, there was an increase in their physical wellness during the pandemic as they reportedly engaged in physical activities like walking and doing domestic chores.

My husband and I paid more attention to physical wellness during the pandemic such as walking to the stores.

We assisted the helper with domestic chores as we spent more time at home. The grandchildren could not play school/ private sports, so they started to lift weights at home and do home-based exercises (Family 8).

The aforementioned narratives, show the recognition of physical activities being essential for staying healthy and fit during the pandemic.

Subtheme 2: Negative effect of COVID-19 on physical wellness

While governments, including the Australian government, implemented restrictions as a way of abating the rate of infections, such limitations were also found to negatively affect the overall physical wellness of some of the interviewed participants and their families. From the data, it was uncovered that COVID-19 led to the following:

- Interrupted outdoor exercise

Reiner et al. (2013) reported that outdoor physical activity holds strong potential as an effective coping and preventive strategy, given its many well-documented social, physical, and mental health benefits for people of all ages, especially those with or at risk of developing chronic diseases. Many of the participants shared that COVID-19 interrupted their outdoor exercises, such as they stopped hiking and jogging, while others were unable to continue with gym exercising.

We stopped jogging and hikes; tried online exercises; walked to shops rather than use the car, and continued with gardening (Family 11).

Unable to go to the gym. Increased swimming times at home (Family 12).

During the COVID-19 lockdown, we're unable to practice our family sport. Because the park was closed. Jogging and gym stopped (Family 5).

Relatedly, empirical studies, suggest that physical activity can prevent chronic diseases such as obesity, cardiovascular disease, and diabetes (Peluso & Andrade, 2005; Anderson & Durstin 2019). The restrictions in physical activities is concerning and may well result in poor physical wellness. For instance, one of the participants noted that restriction of outdoor activities resulted in weight gain. This is concerning, as it may potentially increase the chances of chronic diseases such as diabetes and obesity.

Weight gain. A daily routine of gym and walking stopped. We started more swimming at home and exercising by following you-tube videos. We also had to control our eating as we had more time at home and started to indulge in junk food (Family 3).

While some of the participants found ways to engage in physical activities such as indoor exercises and yoga, it was not vigorous. This may suggest that the participants were not acquiring adequate and/or the recommended weekly physical activities. Relatedly, the United Kingdom's current physical guidelines, for example, suggest that adults should undertake at least 150 minutes of moderate intensity physical activity per week (Department of Health, 2011).

Initially, most of these activities were suspended. We did walks in the park, indoor exercises, and yoga, even though it was not as vigorous as the gym (Family 9).

Physical wellness was limited to indoors by improvising a gym; walking to the market and shops; maintaining the garden on our own instead of using private service providers; home maintenance such as painting and cleaning the roof (Family 6.)

From the aforementioned, it is evident that community environments such as parks were important in engaging in physical activities. This is consistent with literature on physical activity literature that recognizes the significant roles of community environments (e.g., streetscapes, roads, aesthetics, neighbourhood parks, and activity zones) in promoting physical activity and reducing sedentary behaviour (Committee on Environmental Health, 2009; Sallis et al., 2012). This is also evident in the statement below which suggests that physical activities helped with reducing sedentary behaviour.

Outdoor activities were restricted, but we had to find innovative ways of avoiding sedentary behaviour like washing the cars at home, spring-cleaning, weight lifting at home, and swimming almost daily in the home pool (Family 2).

- Limited physical activities

Another negative effect of COVID-19 is that it limited physical activities. This is supported by Park et al. (2022) who posited that many people reported challenges in engaging in a healthy regime of physical activity during the pandemic; which is further corroborated below.

Walking to the shop became limited during lockdown. But our other physical activities continued (Family 1).

We had to stop walking long distances/swimming during the total lockdown period (Family 10).

Theme 3: Impact of COVID-19 on specific aspects of physical wellness

Research points to differing findings about the impact of COVID-19 on physical wellness. Some studies showed that COVID-19 resulted in significant decreases in physical activities such as daily step counts (Assaloni et al., 2020; Di Sebastiano et al., 2020; Vetrovsky et al., 2020), outdoor play and physical activity (de Lannoy et al., 2020), and sport/ exercise (Bourdas & Zacharakis, 2020; Colley et al., 2020). Other studies, reported significant increases in physical activity with families (Azizi et al., 2021), and domestic working conditions such as cleaning and gardening (Pišot et al., 2020). This theme explored the impact of COVID-19 on specific aspects of physical wellness of the family under specific areas (daily exercise routines; dietary habits; alcohol and other substance usage; sleep patterns; regular health check-ups; weight management; stress levels).

Subtheme 1: Daily exercise routines

Kaur et al. (2020) noted that the closure of fitness centres and public parks forced people to stay at home, which invariably disturbed their daily routines and hampered their fitness activities. Consistent with this, it was found that the COVID-19 restrictions affected the daily exercise routines of some of the participants interviewed. Nevertheless, some of the participants found a way to engage in exercise routines. For example, family 10 started

indoor exercises and walks in the nearby park, as well as dancing. The use of music corroborates with the finding of Kaur et al. (2020), who reported that during the lockdown, people tended to play music while working out and dancing.

These were interrupted by lockdown restrictions. We started indoor exercises, walks in the nearby park, and dancing to traditional music was stimulating (Family 10).

Family 6, 11, and 12 mentioned increased gardening activities. This aligns with Pišot et al. (2020) who reported that COVID-19 caused an increase in domestic chores such as gardening.

Due to lockdown restrictions initially, we could not go out, it made us slack- no jogging and hikes. But we did more gardening, and online exercises (Family 11).

Had to manage in limited spaces and with limited resources- but had to be creative like swimming more often, my parents started doing aqua exercises; continued with our gardening (Family 12).

There were restrictions/ fear to going out and therefore affected routine morning jogs/ soccer games. Physical social games were completely cut out. We started indoor exercises by following videos and doing more domestic gardening and household maintenance chores (Family 6).

Exercising at home was also a common practice mentioned in the interviews.

We started new activities to keep active—more regular swimming at home, using our own labour to clean the cars and mowing the garden (Family 2).

Changed, but did not stop exercising through new means like exercising at home, walking to shops, or using the stairs instead of the lift (Family 4).

Daily exercise routines were reduced due to COVID-19 restrictions. Started walking around the house, and followed you-tube exercise videos (Family 5).

Kaur et al. (2020) in their study noted that positive self-perception and motivation to overcome dependence on gym and fitness equipment was the driving force behind continued fitness exercises at home. This may also help explain the increase in home exercises as observed in the interviews.

With the gyms closed, we had to be disciplined with our new exercise routine from home. Even on days when our moods were not good, we pushed ourselves to be active (Family 3).

More so, regular fitness workouts at home during the lockdown, according to Kaur et al. (2020), helped people to overcome psychological issues and fitness concerns. One of the participants noted that there was no interruption to their daily activities. This may be attributable to the age of the participants, as both couples are elderly with little or no outdoor exercise activities.

I continued with my domestic chores, gardening, and walks in the garden. I also enjoy dancing to you-tube videos. My husband continued with his leg and hand exercises (Family 1).

Subtheme 2: Dietary habits

According to Kaur et al. (2020), the unprecedented changes in the lifestyles of people during the pandemic included exercising and physical activities. Contrary to some studies that reported that COVID-19 home confinement resulted in an unhealthy pattern of food consumption (Ammar et al., 2020; de Oliveira Neto et al., 2020), the interviews revealed that most of the participants maintained health eating habits.

For example, it was revealed that many families prepared their own meals and avoided take-outs and or junk food. Fruit and veg smoothies were top of healthy diets, including ginger, lemon and honey consumption to boost immunity.

I prepare healthy meals, due to our health issues. We avoid junk food. I prepare fruit and veg smoothies. We also have home remedies like lemon, ginger and honey in warm water daily to sustain our immunity levels (Family 1).

We cooked more meals at home, which were healthier than take-out. We also started having more Vit C fruits and boosters to increase our immunity. We resorted to other traditional supplements like turmeric, ginger, moringa and lemon, which are immunity boosters (Family 10).

We ate healthily, avoided buying the usual weekend take outs, and made our smoothies at home rather than buying them (Family 2).

Drinking healthy water was also vital as seen in the statement below. Parsley, ginger and cucumbers were added to the drinking water.

Had fresh veg and herbs from our garden. Consumed more water- added parsley and cucumbers to our water bottles. Became more aware of eating and living healthily (Family 11).

We became more aware of the need to eat and drink healthily. We started adding ginger and lemon to our water, used more parsley in our food, and stopped buying biscuits/ chips and chocolates as it was junk and was expensive for a family of 6. My mother made smoothies and baked items like low-fat brownies (Family 7).

The probable reason for this may be as an immune booster. This is also evident in the statements below:

We became more cautious and particular about what we ate. We consumed fewer fatty, meaty and oily substances during the pandemic. Drank more water. Increased our immune boosters (Family 8).

We drank lots of water with ginger and lemon. As a family, we generally avoid cakes, biscuits and other confectionaries (Family 9).

However, one of the family noted that dietary habits were reduced due to financial resources, but still maintained that the diets remain healthy.

Dietary habits were changed and reduced due to limited resources. But it remained healthy, though the same menu became more routine (Family 5).

Subtheme 3: Alcohol and other substance usage

Psychological distress and emotional challenges are likely to affect other health-related behaviours, and may lead to alcohol and other substance abuse (Carrico et al., 2020; Clay & Parker, 2020). There was concern that during the COVID-19 pandemic, the use of alcohol and other substances would significantly increase (Roberts et al., 2021). From the interviews, none of the participants or their families had any incidence of alcohol and drug abuse.

Additionally, many of the participants indicated not consuming alcohol or any other substances as highlighted below. This is contrary to a systematic review conducted by Roberts et al. (2021), who found a trend toward increased alcohol consumption during the COVID-19 pandemic.

We don't take any alcohol (Family 10).

No consumption of alcohol or other substances (Family 11).

No alcohol consumption before and during COVID-19 (Family 2).

No alcohol and other substance usages (Family 9).

We do not take alcohol. No inclination toward substance abuse (Family 6).

The most probable reason for non-alcohol consumption may be attributable to religious reasons. For instance, family 5 stated that alcohol consumption is not allowed, according to their religious beliefs. Alcohol consumption is haram in Islam and therefore forbidden.

We are not used to alcohol according to our beliefs. We were not affected by COVID-19 restrictions related to alcohol consumption (Family 5).

Also, family 7 participants, being conservative Christians, were forbidden from consuming alcohol and any other substances.

Being a conservative Christian family, we did not consume any alcohol, nor did we use any substances (Family 7).

Another possible reason why some of the participants did not consume alcohol may be connected to a lack of social engagement. This is reflected in the statement below.

Alcohol was only consumed when we socialised with family and friends. In the absence of social contact, we refrained from this (Family 3).

The above corroborates with Rehm et al. (2020), who suggested a decrease in the use of alcohol, due to limited availability and financial constraints. In this case, the absence of social contact may mean the limited availability of alcohol.

While many of the participants did not consume alcohol or use a substance for obvious religious and absence of social interaction reasons, some did consume but did not abuse it.

There is no substance abuse, but we still enjoy our red wine at the weekends (Family 1).

We enjoy our red wine at the weekend, but in moderation (Family 12).

Minimal, such as a glass of wine at the weekend (Family 8).

Many of these participants consumed a glass of wine only on weekends, thus suggesting limited use of alcohol.

Limited as before the pandemic. We remained in control (Family 4).

Subtheme 4: Sleep patterns

There is no doubt that the COVID-19 pandemic led to significant changes in daily routines and lifestyles, with mental health issues emerging as a consequence. Some of these consequences included poor quality sleep and comorbid psychological disturbances (Li et al., 2020). The interviews revealed that the pandemic had both negative and positive effects on some of the participants' sleeping patterns.

Pérez-Carbonell et al. (2021) found that sleep disturbances have affected a substantial proportion of the general population during the COVID-19 pandemic lockdown. Consistent with this, the data transcribed from the interviews revealed disturbances in the sleeping pattern of some of the participants. Many of the participants expressed difficulty in falling asleep during the initial phase of the lockdown. The cause of sleepiness was connected to the uncertainty over the virus and the concern over their friends and family falling sick.

After the first initial lockdown, it became difficult to sleep due to the idle days, concern over sick family and friends, and uncertainty (Family 11).

There were days when we could not sleep when the business was threatened with closure/ lost 2 family members to COVID-19 (Family 9).

The above finding is consistent with the study by Pérez-Carbonell et al. (2021), which reported that 30.9% of their participants had difficulties falling asleep during the pandemic. Irregular sleeping patterns was another sleeping disturbance noted in the study. One of the participants stated the following:

Our sleeping patterns were affected and sometimes became irregular because of the lockdown protocols for work/ school. I tended to work late into the night, while my mother, daughters and wife usually watched Netflix and other series late into the night (Family 7).

The above is corroborated by Brooks et al. (2020), who posited that resultant issues such as family, work, and financial problems; limited exposure to natural light; and restricted opportunities to exercise may have negative effects on sleep. The consequence of this is captured by Belingheri et al. (2021), who posited sleep deprivation may lead to immunological alterations. On the other hand, some of the participants revealed improved sleeping patterns. This was attributed to working from home.

There was relatively more sleeping time. We were usually home, working from home (Family 6).

However, some did not experience any changes in their sleeping pattern.

We do not compromise on our sleep for at least 8 hrs at night, and when possible a midday nap (Family 1).

Regular and ensured we had a sound sleep (Family 4).

I will say our sleeping pattern did not change. It was the same before the pandemic (Family 8).

Remained consistent (Family 2).

Participants from family 10 attributed the family's healthy sleeping patterns to less travelling to work and or school.

Even though there were times of work- overload, we maintained healthy sleep patterns. We scored on less travelling to work/ school, which meant that we could wake up less early (Family 10).

Subtheme 5: Regular health check-ups

Routine health check-ups are generally available in various countries. However, delaying these check-ups may have long-term medical consequences (Hajek et al., 2020). Since the COVID-19 pandemic disrupted daily routine activities, it was vital to know if it affected regular health check-ups. More so, it was also important to know the factors associated with postponing routine checks during the pandemic. From the interviews, while many of the participants indicated that there was no impact, some however, mentioned that they had to postpone health check-ups. The main reason given for postponing was delayed and/or restricted appointments;

avoidance of hospital visits; and the medical team being positive, thus leading to the cancellation of the appointments.

Some of the participants had no need for medical check-ups. As such, the hospital was avoided, and only visited when it is necessary.

Avoided hospitals unless when necessary, like tooth procedures. We live healthily and have no chronic illnesses (Family 11).

When only necessary if not feeling well- maintaining our health is important (Family 3).

Participant from family 10 indicated that there was no chronic illnesses in the family and the family observed healthy lifestyles, and thus did not require routine health checks.

Even before COVID-19, we only visited the health practitioner if there was a need. We do not have a distinct check-up routine, as there are no chronic illnesses in the family and we observe healthy lifestyles (Family 10).

Others who needed medical check-ups indicated that this was not interrupted.

This was not compromised as my parents are on chronic medication (Family 12).

We are on chronic medication, so our quarterly check-ups are adhered to. But routine checks like dental care and eye tests are not missed (Family 1).

Only our old age dependent with chronic disease got her regular health check-ups. We practice good dental/ eye care, which helps to reduce dental check-ups (Family 6).

My elderly mother and physically challenged son usually had their medical check-ups. We all had Covid-tests if there were symptoms. We had devices at home to check our blood pressure/sugar levels (Family 7).

Despite the importance of regular check-ups, it was revealed that some of the participants delayed their health checks due to restricted bookings caused by the pandemic.

We are diligent about being in good health- routine check-ups are continued, but sometimes delayed due to restricted bookings (Family 2).

We do regular health check-ups. But we could not do it due to COVID-19 lockdown restrictions. Sometimes there were weeks of delay in getting appointments (Family 5).

As senior citizens, we occasionally did check-ups before the pandemic; we seem to do health checks more often during the pandemic. We would check our BP and sugar levels; we would check if we were suffering from COVID-19, etc. The grandchildren had their annual check-ups, it was delayed due to difficulty getting appointments (Family 8).

The above findings may likely be attributed to the challenges faced by the healthcare system during the pandemic and be further corroborated by Hajek et al. (2021), who stated that serious challenges for health and the healthcare system are linked to the COVID-19 pandemic. The narratives are supported by a scoping review by Scheidt-Nave et al. (2020), that posited outpatient appointments did not take place during the COVID-19 pandemic in Germany, due to capacity restrictions. The concern here is that delayed and/or restricted appointments that postponed routine health check-ups may potentially have important long-term health consequences (Hajek et al., 2021).

Another reason for postponing health-checks was that some of the participants avoided hospital visits due to risks of infection.

We avoided the dentist and optometrist, to minimise the risk of exposure. Such delays were not life-threatening (Family 9).

The above narrative may be related to the fear of being infected with COVID-19, which could have contributed to the postponing of routine health checks during the pandemic. This is supported by the fact that recent studies revealed that individuals avoided hospital visits during the COVID-19 pandemic, mainly for reasons of being infected (Lazzerini et al., 2020; Hajek et al., 2021).

The annual check-ups we affected and sometimes delayed during lockdown due to medical practitioners being COVID-19 positive and we were also afraid of contracting the virus by going to health facilities (Family 4).

Subtheme 6: Weight management

Previous studies suggested that weight management may be especially difficult during the COVID-19 pandemic, as reduced in-person support, fewer physical activity options, daily routine disruption, and food-focused coping are all associated with weight gain (Almandoz et al., 2020; Zachary et al., 2020). Borgatti et al. (2020) found that loneliness while working remotely increased the difficulty of weight management

behaviour during COVID-19. Given this concern, it was vital to know how the participants managed their weight during the COVID-19 pandemic.

In agreement with Borgatti et al. (2021) who found that choosing healthy foods; staying active; planning and tracking food consumption; and reducing emotional eating protected against weight gain, some of the participants managed their weight by eating healthy and exercising. Thus, it may be argued that eating healthy and exercising are key for weight management during the pandemic.

The new normal has had a positive impact on us, as we eat and drink healthily, and have become more health conscious. This has helped in maintaining our weight (Family 10).

Weight gain was avoided as we did not become sedentary—we improvised like walking to the shops, doing online exercises, and doing regular gardening (Family 11).

Remained consistent as we have a healthy and balanced lifestyle (Family 12).

Followed diet and exercise (Family 3).

Maintaining a healthy eating/ exercising programme throughout was a priority (Family 4).

We always try to assess family weight during check-ups. Exercise and healthy eating kept our weight consistent during lockdown (Family 5).

Obesity and comorbid conditions are associated with worse outcomes related to COVID-19. This is also evident in the statement by one of the participants about experiencing weight gain during the pandemic.

It was first difficult to keep, but we got back on track to eating healthily after we realised, we were putting on weight. As parents, we had to lead by example (Family 3).

As such, maintaining healthy eating and exercising is the key to controlling obesity and possible weight gain.

We were now extra cautious of healthy eating, exercising, and proper sleep. This indirectly controlled obesity and possible weight gain (Family 7).

Exercises, a healthy diet and good mental well-being mitigated issues with obesity, weight gain and sedentary behaviour (Family 6).

Subtheme 7: Stress levels

According to Durbas et al. (2021), social and economic restrictions; lockdowns; and rapid changes to online implementations may be considered as significant stressors. The authors noted that COVID-19 was a traumatic occurrence, that threatened the lives of people; and therefore, affected physical, mental and emotional health (Durbas et al., 2021). Given the association between emotional stress and COVID-19, it was vital to know if the participants experienced any form of stress during this period. From the interview transcripts analysed, the following emerged:

- Moment of stress

Many of the participants experienced moments of stress during COVID-19. Some of the key factors contributing to the stress included the loss of loved ones, and fear of contracting diseases. For instance, a participant from a family experienced stress due to negative news; and loss of family and friends.

There were moments of stress due to all the negative news and the loss of family and friends, but the stress was manageable due to our spirituality, healthy lifestyle and support from family and friends (Family 1).

The above narrative is supported by Durbas et al. (2021), who noted that stress levels and anxiety were associated with losing family members and friends due to COVID-19. This is also reinforced by another participant, who revealed experiencing stress due to the fear of contracting diseases, losing jobs, and loss of loved ones.

There were moments of stress like fear of contracting the disease, losing our jobs, and loss of loved ones. With time, we healed through support from family and friends, prayer, and observing our rituals (Family 11).

Brooks et al. (2020) stated that separation from family or friends, reduced movement, limited freedom, and fear of an uncertain future are factors that can increase negative psychological impact. These factors can also affect the stress of family 9.

It varied depending on the national death rate, immediate family and friends being ill or passing on, getting accustomed to lock down levels, closing the business, uncertainty of periods of lockdown and new mutations of the virus. Buddhist teachers recall examples of compassion, kindness and empathy (Family 9).

- Increased stress

Some of the participants experienced increased stress during the pandemic. The main cause of the stress was business failure, financial pressure, and uncertainty surrounding the virus.

In terms of fearing business failure, participant from family 3 revealed the following:

There were episodes because of the business, but they did not become chronic because we were mindful of triggers and addressed issues immediately (Family 3).

In terms of financial pressure, another participant stated the following:

The stress levels of my wife were a bit high due to financial pressure and other unmet needs, especially for children's needs (Family 5).

In terms of uncertainty surrounding the virus, participant from family 6 mentioned the following:

The uncertainty surrounding us from COVID-19 effects always raised stress levels. (Family 6).

Further, the increase in stress levels was attributed to new variants of the virus being discovered and the increase in death rates. Such stress might have emanated from anxiety and fear.

The headlines, death counts, and the number of new COVID-19 infections naturally raised our level of anxiety and stress. The discovery of new COVID-19 variants was equally attributed to stress (Family 8).

- Minimal stress

Participants from family 10 revealed having minimal stress. The participant attributed the stress to adjusting to working from home and managing the children and their tasks.

Initially, with the restrictions, we had to adjust to working from home, managing the children's online classes, reorganising our workspaces at home, and ensuring that everyone was well organised for the day ahead. But this was properly managed, so there was minimal stress (family 10).

Theme 4: Management of physical wellness during COVID-19

Physical activity, especially outdoor activities, has great potential as an effective strategy to combat and prevent people of all ages; especially those who are at risk of developing chronic diseases (Reiner et al., 2013; Center for Disease Control and Prevention, 2019). Existing energy in the city sector, electricity (Peluso and Andrade, 2005; Anderson and Durstine, 2019). Therefore, physical activity is a common recipe for people with diseases such as obesity and diabetes, who are also at increased risk of hospitality or becoming seriously ill as a result of COVID-19. This sub-theme explained how participants and their families used their physical well-being due to pandemic restrictions.

Subtheme 1: Physical activity

It was uncovered that participants engaged in daily physical activities to manage and maintain their physical wellness.

Daily physical activities (Family 1).

We always try to maintain a healthy body through physical exercise (Family 5).

Among these activities, walking and dancing; gardening; swimming and domestic chores were included.

Walks, indoor exercising, dancing (Family 10),

Gardening walks to the shops, and indoor exercising using online sites (Family 11.)

Swimming at home doing aqua exercises (Family 12).

Trying to do some physical exercise and domestic chores beyond routine cleaning (Family 3).

We could do physical domestic work, home exercises, and maintain the vegetable garden (Family 6).

Some of the participants mentioned that they walked around the house as a form of physical activity.

We had to walk around the block or inside the house to take breaks. My sons sometimes used the stairs instead of the lift, walked to the shops instead of driving; did exercises using YouTube videos (Family 4).

We as a family maintained physical wellness, by engaging in some walks on weekends (Family 7)

Subtheme 2: Healthy eating

Many of the participants reiterated that they managed their physical wellness by eaten healthily.

We remained committed to our healthy eating habits (Family 1).

.. having a healthy diet (Family 12).

Eating healthily (Family 2).

We maintained good eating habits (Family 8).

Apart from healthy eating, sunlight, fresh air and maintaining healthy drinking habits were also noted.

Enjoying lots of fresh air and sunlight, drinking water with herbs and veg; eating fresh vegetables from the garden (Family 11).

Eat healthy meals, drinking our homemade concoctions with turmeric, moringa, lemon and ginger (Family 10).

Subtheme 3: Medically vigilant

Many of the participants revealed that they become health and medical conscious by complying with regulations, undertaking frequent medical check-ups, and abstaining from bad habits like smoking and alcohol consumption.

...ensuring our medication was diligently taken (Family 1).

...ensuring my parents had their health check-ups (Family 12).

Maintaining our routine medical check-ups. Observing all social protocols and PPE requirements to avoid being affected (Family 2).

Physical health check-up (Family 5).

...followed doctors' advice, exercised, and took immunity boosters (Family 8).

By abstaining from alcohol/ drugs, and by taking lots of water/fluids (Family 7).

Sleeping well, drinking lots of water with lemon and ginger, no alcohol, and no smoking (Family 9).

Subtheme 4: Connection with others

Participants from family 1 revealed that staying connected with family helped manage their wellness.

.... staying connected with others helped to keep us inspired and hopeful (Family 1).

Theme 5: Recommended changes to physical wellness

Given the perceived benefits of physical wellness to overall quality of life, this subtheme explored some of the proposed changes the participants recommended for physical wellness.

Subtheme 1: Physical exercise

Because of the numerous well-documented physical, social and mental health benefits for people of all ages, outdoor physical activity has great potential as an effective prevention and prevention strategy. Many participants recommended more exercise, especially outdoor exercise. Some of his views are constant.

Go back to the old routine- jogging, hiking, expand our garden for more veg and herbs (Family 11).

Increase physical activities outdoors (Family 6.)

To engage in more physical exercises outdoors (Family 8).

Get back to our swimming, gym and running routines. Start hiking with the children (Family 9).

Thus, making exercise a routine for the family was the goal.

Making exercise a family routine (Family 3).

Subtheme 2: Healthy eating

The importance of healthy eating for physical wellness is already noted in literature. Some of the participants recommended healthy eating as a way of maintaining physical wellness. Among the recommendations, avoiding caffeine and sugary beverages, as well as reducing the intake of meat were mentioned.

Avoid drinking caffeinated and sugary beverages (Family 5).

.... eat more traditional foods, minimise cooking vegetables and start eating raw fresh vegetables, and reduce/avoid intake of meat (Family 6).

Subtheme 3: Adequate sleep

One of the significances of the COVID-19 pandemic is that it affected the overall sleeping patterns of many people. This helped to explain the recommendation for adequate and/or improved sleep.

.... get an adequate amount of sleep (Family 5).

Improve on the sleeping pattern (Family 7).

Subtheme 4: Joining dancing classes

Dancing is a form of physical activity. This may be the reason why some of the participants recommended joining a dancing class to improve their physical wellness. As noted in the family 1 statement, dancing created a sense of calmness.

I would like to join dancing classes as it creates a sense of calmness in me (Family 1).

Join a dancing group (Family 10).

Subtheme 5: Good hygiene practice

One of the measures of containing the increase of the COVID-19 disease was adequate personal hygiene measures. As such, some of the participants recommended good hygiene practices.

Be consistent in practising good hygiene (Family 2).

Maintain high levels of personal hygiene at all times (Family 5).

Subtheme 6: Medical consciousness

Regular medical check-ups help in the prevention of medical emergencies. As such, being conscious of one's medical needs helps in improving the quality of life. Some of the participants recommended medical consciousness such as check-ups, immunisation, and other alternative healing practices.

.... dental check-ups, immunisations, and self-examinations; maintain a reasonable weight (Family 5).

Get into some alternative healing programme, such as homemade remedies

which help to tone the body (Family 4).

Discussion Of Findings

Effect of COVID-19 on the physical wellness dimension within families transitioning through the COVID-19 pandemic and the nature of constraints experienced by families

As a result of the COVID-19 pandemic, people have re-edited their physical health and well-being (Pérez-Carbonell et al. 2021). The unprecedented changes brought about by COVID-19 affected several regular fitness routines, making it increasingly difficult to make decisions to better protect physical health and safety (Binghamton University 2021). Lockdown regulations and restrictions disrupted daily routine outdoor physical activities and impacted the physical activities of families across all age groups, through prohibited access to recreational facilities such as sports, playground, parks and picnic environments. The concern expressed in the literature is that reduced physical activities may likely lead to less favourable behaviours, unfavourable diets, irregular sleep patterns, and weight gain (Pérez-Carbonell et al. 2021). The interview data revealed that COVID-19 had both positive and negative effects on the overall physical activities of some families. The data revealed that while participants were physically active, such as jogging and walking to sustain physical fitness, COVID-19, however, disrupted their daily routine physical activities, more especially outdoor exercises. Some of the participants stopped jogging and hiking; while others had to stop gym exercises. The invariably had some consequences on physical wellness, especially when alternatives were pursued. This can be corroborated by some by some of the participants mentioning weight gain due to social and physical restrictions imposed during the pandemic. It thus means that some of the participants and their families were at danger of rising chronic viruses like diabetes, cardiovascular disease and obesity (Anderson and Durstin 2019; Peluso and Andrade 2005).

Additionally, the COVID-19 pandemic caused important variations in regular habits and regular lifestyles worldwide. Some of the consequences of such changes included comorbid psychological challenges, which affected quality of sleep and eating habits (Li et al. 2020). Consistent with this, many participants mentioned disturbances in sleeping patterns, irregular sleeping patterns; and difficulty with falling asleep during the initial phase of the lockdown. This finding corroborates with Pérez-Carbonell et al. (2021), who posited that sleep disturbances affected a significant proportion of the population during COVID-19. The causes of sleeplessness were connected to the uncertainty over the pandemic; job and financial insecurity; concern over friends and family falling sick; and social disconnectedness (Li et al. 2020).

Related, argued Brooks et al. (2020) the problems generated, such as family and economic problems. work; limited exposure to air and natural light; And limited opportunities to exercise may have contributed to the bad impacts on sleep.

The consequence of this is captured by Belingheri et al. (2020), who stated that immunological alterations may be also attributed to sleep deprivation. This is also concerning when one considers the fact that some of the participants experienced delays in their routine medical health check-ups. The main reason given for postponing/ cancelling appointments were delayed and/or restricted appointments; medical teams being positive, and avoidance of hospital visits due to fear of being infected. The findings are supported by

a recent scoping review by Scheidt-Nave *et al.* (2021), which suggested outpatient appointments were often postponed or cancelled during COVID-19, due to capacity restrictions. More so, recent studies reported that individuals avoided hospital visits during the COVID-19 pandemic, because of fear regarding being infected (Hajek *et al.* 2021; Lazzarini *et al.* 2020). The concern here is that delayed and/or restricted appointments which impacted on routine health check-ups may have important consequences in the long-term (Hajek *et al.* 2021).

However, some families resorted to indoor exercising using videos; walks around their homes or apartments; gardening; walking to the shops; washing their own cars; eating healthily by cooking at home; and avoiding excessive alcohol consumption.

Physical pathways of wellness created within the context of the COVID-19 pandemic, the holistic approaches used by families to support themselves, and recommendations made by families

Physical activities, are effective mechanisms for coping with wellness challenges, as well as an effective strategy for those at danger of rising chronic viruses or with chronic diseases (Centers for Disease Control and Prevention 2019; Reiner *et al.* 2013). While COVID-19 led to the shutdown of public spaces, such as gyms and other recreational centres, most of the participants used innovative ways to remain fit and healthy during the lockdown. For example, some of the participants pursued home exercises, whilst others used music to stimulate physical activities such as dancing. This is supported in the findings by Kaur *et al.* (2020), that music was used while working out during lockdown. Additionally, some of the families were motivated to continue with routine home exercises, even during periods when their moods were low. This is corroborated in the findings by Kaur *et al.* (2020), who posited that motivation and positive self-perception may be valuable in overcoming dependency on gym equipment and physical exercises. This may have been one of the driving forces behind continued fitness exercises at home. This may also explain the increase in home exercises as observed in the interviews. It is also not surprising that some of the participants recommended physical exercises, particularly outdoor exercises as a way of maintaining physical wellness.

Additionally, physical activity is a common prescription for people with situations like diabetes and obesity (Reiner *et al.* 2013). They are also at an increased danger of being hospitalised or seriously ill from COVID-19. This may be the reason for participants recommending joining a dancing class to improve their physical wellness. This may also have influenced the positive attitude demonstrated by some of the participants to continue with home exercises, after the closure of gyms. It was noted that some of the participants continued with exercises such as swimming, family walks in the parks, and washing their cars. This finding concurs with Azizi *et al.* (2020), who noted an increase in physical activities with family members during COVID-19. Moreover, and concurring with Pišot *et al.* (2020), some of the participants took up gardening and domestic chores, as a means of maintaining physical wellness.

Otherwise, some families maintained their physical fitness using diet. Most participants had healthy eating habits, such as preparing healthy meals and avoiding or carrying junk food. Vegetable and fruit smoothies were a great opportunity in the family diet. However, this is in contrast to previous studies, as confinement has resulted in an unhealthy pattern of food consumption as a result of Covid-19 (Ammar *et al.* 2020). Oliveira Neto *et al.* (2020). Also, according to the study results, weight gain was controlled with healthy eating habits. This is particularly significant, as studies such as Almandoz *et al.* (2020) and Zachary *et al.* (2020) have shown that stopping the daily routine, early access to food, and physical activity are less likely to help a person. This may explain why many participants knew that their diet was aware that taking ginger, lemon and other natural supplements boosted immunity and maintained weight.

Borgatti *et al.* (2021) argued that resource maintenance, planning and tracking food spending, healthy food choices, and emotional regulation of eating are antagonistic to weight gain. Therefore, it can be said that healthy eating and exercise are essential for weight control during the pandemic. Therefore, some participants suggested healthy eating as a way to maintain fitness.

Additional pathways to wellness mentioned by participants included avoiding caffeine and sugary beverages; reducing the intake of meat were noted; maintaining routine medical check-ups; observing all PPE requirements, complying with social protocols, and engaging in some alternative healing

programmes. Good sleep was also acknowledged to contribute to physical wellness. However, the pandemic disrupted some of the participants' sleeping patterns and could have influenced the recommendation for adequate sleep as a way of maintaining physical wellness.

Recommendations made by families.

Some of the recommendations made by families included: Physical exercises and healthy eating, gardening, dancing, undertaking domestic chores, reducing intake of calories, and reducing consumption of junk and ultra-processed foods. Given the connection among poor physical activities, obesity, and mass increase this analysis recommends exercising such as dancing, gardening and domestic chores as ways of engaging in physical activities during a crisis. In addition to this, healthy eating is vital in weight control. It is envisaged that physical exercise and healthy eating will help promote overall physical wellness.

Conclusion

Families establish significant models of responsibility, prevention, hygiene and exercise; and lay the foundation for building healthy, enjoyable, and healthy relationships for lifestyle patterns, self-esteem, resilience, and ability (Thomas and Umberson 2017). In particular, the Covid-19 pandemic has compromised family well-being in various ways. It affects family cohesion; and lead to stress, job loss, and emotional distress (Feinberg et al. 2021). Due to its unprecedented nature, families perished if they could not cope or obtain the resources to rebuild their well-being during the pandemic. Although the family is in the process of strategic planning, most of the people living in the world have become the source of family education and have become the subject of numerous agricultural strategies, and many people are threatened by poverty, which have become an educational and family source, which became a threat to the development of the family.

According to this study, COVID-19 had a negative impact on physical well-being. The epidemic disrupts daily physical activity routines within families, particularly outdoor exercise, affecting participants' ability to control weight. This directly affected the normal life of the participants and their families. However, based on the results, most of the participants developed a fitness path to maintain and control their physical condition. Regarding physical condition, the findings strongly suggested that adequate exercise, healthy eating habits, and medical care were important in managing physical condition.

The consensus that emerged from the results was that family structure and protection are fundamental to the management and maintenance of good health. This study, in addition to intensifying research on the COVID-19 pandemic, will contribute to awareness and understanding of the pandemic in terms of their impact on family physical fitness as well as family well-being. The research will contribute to the development of local global strategies and policies to mitigate the negative effects of the epidemic on physical well-being and on the recovery and care of family life. Also, the study sheds light on some holistic approaches to care and reconstruction of family life. This study, in addition to conducting a cumulative study on the COVID-19 pandemic, will analyze the impact of COVID-19 on family well-being and contribute to the understanding of the pandemic as well as its impact on families. Well-being, especially from the point of view of physical well-being. The study will help formulate strategies and policies to mitigate the negative impact of the pandemic on physical well-being and maintain family well-being. The research assesses body of knowledge to understand how people can use wellness within family systems; and maintaining well-being in times of crisis, not only in Australia but also in other countries. Finally, family support structures influence the reconstruction and maintenance of family well-being during an epidemic.

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