Abstract
COVID-19 (Coronavirus Disease-19) caused by the SARS-CoV-2 virus is known to attack all ages. Not only adults, it can also be dangerous for the elderly and children. On the other hand, offline schools have been planned to be carried out. Therefore, it is important for parents who have school-age children to know the impacts and situations that occur during the COVID-19 pandemic. The target subjects for this community service activity are 27 people who live in the Jakabaring, Palembang. This community service activity resulted in an increase in knowledge about the dynamics of the COVID-19 pandemic situation and the importance of health protocols to protect families, especially if the children attend offline school, as well as conducting periodic visits to see the development of the consistency of people's attitudes and behavior. This community service activity is also carried out in order to increase the participation of the community in the area to become the successor of information regarding the dynamics of the COVID-19 pandemic situation and the importance of health protocols to protect families, especially if the children who will attend offline school.

Keywords: preparedness, COVID-19, housewives, offline school

I. INTRODUCTION
COVID-19 (Coronavirus Disease-19) caused by the SARS-CoV-2 virus is known to attack all ages. The COVID-19 pandemic has been declared as a public health emergency and is a great concern to the world. Not only adults, it can also be dangerous for the elderly and children. Protection of children including educational facilities is very important. Vigilance is very important to prevent the spread of COVID-19 in schools. Based on research and statements from WHO (World Health Organization) this virus can be transmitted directly through droplets from the respiratory tract of a person infected with COVID-19, or indirectly if the splash hits a surface and is then inhaled or touched by another person. The COVID-19 pandemic is known to greatly complicate the teaching and learning process in schools due to health protocols that must be carried out to prevent the spread of COVID-19. From elementary schools to universities, they all have been affected by the pandemic. The reduced effectiveness in the learning process causes schools to follow government policies to carry out online teaching and learning processes. This has an impact on the success rate of students in receiving information from teachers, especially for elementary school students who need more direct or face-to-face learning processes.1

Up to March 30 2021, based on data from the National COVID-19 Handling Task Force, about 14% of the COVID-19 cases occurred at school age. Children aged 7-12 years or elementary school 49,962 cases, 13-15 years old or junior high school 36,634 cases, and ages 16-18 years or high school 45,888 cases. 3-6 years old or kindergarten 25,129 cases.

This must be a concern to keep children who do offline school activities stay healthy.2 South Sumatra as of 9 June 2021 is one of the provinces with a high number of confirmed cases (ranked 14 in Indonesia) with a fairly high mortality rate of 5.06%. Based on age group, there were 627 confirmed cases for children aged < 4
years, with 13 of them died. While the age of 5-14 years there are as many as 1,369 cases, 10 of them died. Then aged 15-19 years there were 1,100 cases with 7 of them died. This shows that of the cumulative total of confirmed COVID-19 cases in South Sumatra, which is 25,613 cases, 3,096 (12.09%) of them are school aged <19 years. On the other hand, offline schools have been planned to be carried out and will start in July 2021. However, according to the Minister of Education, Culture, Research and Technology, parents still have the absolute right to determine whether their children are allowed to participate in offline learning. Therefore, it is important for parents who have school-age children to know the impacts and situations that occur during the COVID-19 pandemic. This is intended so that parents can further improve preparation by paying attention to prevent the transmission of COVID-19. Housewives are the general population who do not work in the formal sector which can not be well organized, but they have a very big role for the country. The behavior of maintaining a mother's health will certainly not only have an impact on herself but of course on her family members as well. A mother is expected to be the number one person who disciplines family members in implementing health protocols. Palembang, which is the capital of South Sumatra Province with high social and economic activities, has a high number of confirmed cases and deaths due to COVID-19 as well.

Palembang is the city with the highest number of cases in South Sumatra, out of 25,613 confirmed cases in South Sumatra, 13,540 (52.86%) of them are in Palembang with a high-risk zone for COVID-19. People who live in the market area are in direct contact with high economic activity and obviously have high mobility. Traditional market in Palembang that is still actively operating and has the potential for crowds and arrivals from people from various regions of South Sumatra is the Jakabaring Palembang Main Market which is located on Jalan Pangeran Ratu, 15 Ulu, Seberang Ulu I District, Palembang City. This area is inhabited by many people who certainly need to get priority to be given a form of dedication from the academic community of Sriwijaya University. One form of community service that can be given is through community activities. Based on the problems above, it is necessary to know how to increase the preparation of housewives in dealing with the dynamics of the COVID-19 pandemic situation, especially with the start of offline schools and to empower families to be alert and able to protect their children from contracting COVID-19 if they attend offline school later. The purpose of this community service activity among others is to assess the knowledge of mothers before being given education about the dynamics of the COVID-19 pandemic situation and the importance of health protocols to protect families, provide education or counseling, increasing the participation of the community in the area around the main market to become a successor of information regarding the dynamics of the COVID-19 pandemic situation and the importance of health protocols to protect families, assessing the knowledge of mothers after being given education.

II. METHODS
The implementation of this community service activity carried out by implementing strict health protocol discipline, the community were gathered and being screened from data at the local neighborhood association to ensure that the person concerned was neither confirmed to have COVID-19 nor self-isolating, then their body temperature were also checked. Participants were asked to fill out a pre-test, and were given educational and counseling materials to 27 housewives households who have school-age children who live in the Jakabaring, Palembang about types of masks, hand sanitizers, and how to use them properly. After 2 weeks the event ended, participants were asked to fill out a post-test.

III. RESULT AND DISCUSSION
This community service activity was carried out with a total of 27 participants. Most of the participants were 25-35 years old 40.74% and 36-45 years old 40.74%, with majority of previous education was senior high school 74.07%, the majority of mother's occupation was merchant 74.07%, the majority of family income was 1-2 million 74.07%, majority of father's occupation was odd labor 62.96%, majority of number of school-age
children was 166.67%, and majority of youngest child education was elementary school 66.67%. The following is table 1, the characteristics of the participants.

### Table 1. The characteristics of the participants

| Variable                        | Total | Percentage |
|---------------------------------|-------|------------|
| **Age**                         |       |            |
| <25 years old                   | 2     | 7,41       |
| 25-35 years old                 | 11    | 40,74      |
| 36-45 years old                 | 11    | 40,74      |
| >45 years old                   | 3     | 11,11      |
| **Mother's Education**          |       |            |
| Elementary School               | 1     | 3,70       |
| Junior High School              | 6     | 22,22      |
| Senior High School              | 20    | 74,07      |
| **Mother's Occupation**         |       |            |
| Housewife                       | 12    | 44,44      |
| Household Assistant             | 10    | 37,04      |
| Merchant                        | 5     | 18,52      |
| **Family Income**               |       |            |
| 1-2 million                     | 20    | 74,07      |
| >2 million                      | 7     | 25,93      |
| **Father's occupation**         |       |            |
| Odd labor                       | 17    | 62,96      |
| Employee                        | 1     | 3,70       |
| Merchant                        | 9     | 33,33      |
| **Number of School Age Children** |   |            |
| 1                               | 18    | 66,67      |
| 2                               | 5     | 18,52      |
| 3                               | 4     | 14,81      |
| **Youngest Child Education**    |       |            |
| Kindergarten                    | 4     | 14,81      |
| Elementary School               | 18    | 66,67      |
| Junior High School              | 3     | 11,11      |
| Senior High School              | 2     | 7,41       |

The participants were also asked to do the pre-test by filling out questionnaire that has several aspects, the first one is about their knowledge of health protocols, regarding types of masks, all participants answered with 100% correct answers, for the frequency of changing masks questions, the majority of participants answered incorrectly 51.85%, questions about how to use masks were answered correctly 100%, hand sanitizers questions were answered correctly 66.67%, washing hands with soap questions were answered incorrectly 85.19%. Participants' knowledge of COVID-19 and the Pandemic Situation, regarding to the onfirmed cases of COVID-19 questions were answered incorrectly 77.78%, the majority of participants answered close contacts questions correctly 55.56%, suspect cases questions were answered correctly 70.37%, probable cases questions were answered incorrectly 51.85%, quarantine questions were answered correctly 55.56%, isolation questions were answered incorrectly 85.19%, PCR swab questions were answered incorrectly 55.56%, antigen swab questions were answered incorrectly 51.85%, PPKM level questions were answered incorrectly 51.85%, PPKM rules questions were answered correctly 59.26%, the majority of participants answered questions about PPKM sanctions correctly 70.37%. While at the post test, their knowledge of health protocols, regarding types of masks, frequency of changing masks, and how to use masks all participants answered with 100% correct answers, hand sanitizers questions were answered correctly 85.19%, but washing hands with soap questions were answered incorrectly 100%. Participants' knowledge of COVID-19 and the Pandemic Situation, regarding to the onfirmed
cases of COVID-19 questions were answered correctly 85.19%, answered close contacts questions correctly 70.37%, suspect cases questions were answered correctly 59.26%, probable cases questions were answered correctly 59.26%, quarantine and isolation questions were answered correctly 100%, PCR swab questions were answered correctly 85.19%, antigen swab questions were answered correctly 70.37%, PPKM level, PPKM rules and PPKM sanctions correctly 100%.

Table 2. Participants' Knowledge of Health Protocol Pre and Post Educational and Counseling

| Variable                  | Total Respondent Answer Correctly n (100%) |
|---------------------------|-------------------------------------------|
|                           | Pre Educational and Counseling | Post Educational and Counseling |
| Knowledge of Health Protocol |                                          |                                |
| Type of Mask              | 27 (100)                        | 27 (100)                        |
| Frequency of Changing Mask| 13 (48.15)                       | 27 (100)                        |
| How to Use Mask           | 27 (100)                        | 27 (100)                        |
| Hand Sanitizer            | 9 (33.33%)                       | 23 (85.19)                       |
| Washing Hands with Soap   | 23 (85.19)                       | 27 (100)                        |

Descriptively, there was an increase in the proportion of correct answers from respondents regarding respondents' knowledge of health protocols and the COVID-19 pandemic situation after 2 weeks of being given education and counseling.

Table 3. Participants' Knowledge of COVID-19 and The Pandemic Situation Pre and Post Educational and Counseling

| Variable                  | Total Respondent Answer Correctly n (100%) |
|---------------------------|-------------------------------------------|
|                           | Pre Educational and Counseling | Post Educational and Counseling |
| Knowledge of COVID-19 and The Pandemic Situation |                            |                                |
| Confirmed Case            | 21 (77.78)                       | 23 (85.19)                       |
| Close Contact             | 12 (44.44)                       | 19 (70.37)                       |
| Suspect                   | 8 (29.63)                        | 16 (59.26)                       |
| Probable                  | 14 (51.85)                       | 16 (59.26)                       |
| Quarantine                | 12 (44.44)                       | 27 (100)                        |
| Isolation                 | 23 (85.19)                       | 27 (100)                        |
| PCR Swab                  | 15 (55.56)                       | 23 (85.19)                       |
| Antigen Swab              | 14 (51.85)                       | 19 (70.37)                       |
| PPKM Level                | 14 (51.85)                       | 27 (100)                        |
| PPKM Rules                | 16 (59.26)                       | 27 (100)                        |
| PPKM Sanctions            | 19 (70.37)                       | 27 (100)                        |

In addition to the government, parents also play an important role in helping the process of preventing the transmission of COVID-19 in elementary school-aged children, both during the learning process at school and at home. In this case, parents can teach children about the situation and dangers of COVID-19 and ways to prevent contracting the disease, including teaching children to maintain cleanliness by washing their hands with soap and running water properly before starting lessons in class, before eating, after using the bathroom, after playing and doing activities, and after arriving home after school. Children also need to be taught not to carelessly rub or touch their eyes, nose and mouth, and not carelessly wipe their hands on shirts or pants. Parents also need to make them used to bring hand sanitizer as a substitute if it is difficult to find water and soap. Apart from the government, parents also play an important role in teaching children to use masks properly. Masks should also not be touched carelessly or lower the mask to the chin. If necessary, children also need to use face shield while they are outside. Parents need to prepare provisions for children so they do not eat snacks outside.
the house. They also need to consider giving children additional vitamins to maintain their immune system, teach them to use tissue when sneezing and coughing then throw the tissue away immediately, and wash their hands. We also need to avoid traveling to other places during the pandemic especially crowded and risky areas. Parents also need to teach them to avoid direct contact with other people, such as shaking hands during a pandemic. So that it is important for parents to have good knowledge about the health protocol and about the COVID-19 and the pandemic situation especially those who have school-age children that will go to offline schools later.5

IV. CONCLUSION
The conclusion that can be formulated is that based on the activity, this community service activity resulted in an increase in knowledge about the dynamics of the COVID-19 pandemic situation and the importance of health protocols to protect families, especially for them who have age-school children who will attend offline school, as well as conducting periodic visits to see the development of the consistency of people's attitudes and behavior. This community service activity is also carried out in order to increase the participation of the community in the area to become the successor of information regarding the dynamics of the COVID-19 pandemic situation and the importance of health protocols to protect families, especially if the children who will attend offline school.

V. ACKNOWLEDGMENTS
The author would like to thank the Sriwijaya University Research and Community Service Institute (LPPM) which has provided financing for this activity as well as students and the entire community who have participated in this community service activities.

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