TRADITIONAL MARKET BASED FOOD SECURITY FOR TODDLER STUNTING IN BATONAONG

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ABSTRAK
Latar belakang penelitian ini adalah (1) Tingginya prevalensi stunting di Desa Batonaong, (2) Faktor penyebab stunting akibat distribusi gizi yang tidak merata, (3) Pengolahan pangan yang tidak tepat, (4) Kurangnya pemanfaatan sumber daya yang ada. Permasalahan ini difokuskan pada kompleksitas permasalahan stunting yang memerlukan pendekatan dari ahli gizi untuk mendapatkan perubahan yang signifikan. Penelitian ini bertujuan untuk mengoptimalkan bahan pangan di pasar tradisional yang ada untuk meningkatkan ketahanan pangan bagi balita stunting di Desa Batonaong, Kabupaten Bangkalan, Madura. Penelitian ini difokuskan pada tingginya permasalahan stunting. Penelitian ini menggunakan metode Household Food Insecurity Access Scale (HFIAS) untuk mengetahui kondisi pangan rumah tangga dan apa saja kendala ketahanan pangan. Survei pasar dilakukan untuk memperoleh data penting guna menyusun menu gizi seimbang dengan mempertimbangkan ketersediaan bahan pangan di pasar tradisional. Program ini berhasil mengatasi permasalahan tersebut dengan pendekatan holistik, terbukti dari hasil analisis Chi-Square yang mengidentifikasi beberapa faktor penting seperti kecukupan pangan, keragaman pangan, dan perasaan rawan pangan. Pemanfaatan bahan makanan di pasar tradisional tidak hanya mendukung balita yang mengalami stunting tetapi juga memperkenalkan keberlanjutan bahan makanan di tingkat lokal. Analisis menu memberikan kontribusi maksimal terhadap ketahanan pangan di Desa Batonaong. Hasil penelitian ini dapat dijadikan contoh skema dalam mengatasi stunting dan mengoptimalkan bahan makanan untuk mencapai ketahanan pangan berkelanjutan di Desa Batonaong.

Kata kunci : bahan makanan, balita, gizi, ketahanan pangan, stunting

ABSTRACT
The background of the study is (1) High prevalence of stunting at Batonaong Village, (2) Factor causing stunting due to uneven distribution of nutrition, (3) improper food processing, (4) Lack of maximization existing resources. This problem is focuses on the complexity of the stunting problem which requires an approach from nutritionist to get significant changes. This study aims to optimize food ingredients in existing traditional market to improve food security for stunting toddlers in Batonaong Village, Bangkalan Regency, Madura. The study focuses on high problem of stunting. This study used Household Food Insecurity Access Scale (HFIAS) metode to understand household food conditions and what are the obstacles of food security. Market survey is conducted to obtain important data to compile a balance nutrition menu by considering the availability of food ingredients in traditional market. This program successfully addresses the problem with a holistic approach, as evidenced by the result of Chi-Square analysis which identify several important factors such as food adequacy, food variety, and feelings of food insecurity. The use of food ingredients in traditional market are not only supports stunting toddlers but also introduces food ingredients sustainability at the local level. Menu analysis creates maximum contribution to food security in Batonaong Village. The results of this study can be used as an example of a scheme in coping stunting and optimizing food ingredients to achieve sustainable food security in Batonaong Village.

Keywords : *food ingredients, food security, nutrition, stunting, toddlers*

PENDAHULUAN

Health is a fundamental right for every individual. In Indonesia, the right of people to get good health services is regulated in various laws and regulations that emphasize the

importance of access to quality health services and adequate nutrition. This is stated in 1945 Constitution Article 4 Number 36 of 2009 which reads "…everyone has the right to health…" This article emphasizes that health is a right for every individual without discrimination. This also includes access to health services needed to achieve optimal health. Constitution of 1945 Number 11 of 2005 concerning International Ratification Covenant on Economic, Social, and Cultural Rights (ICESCR) is part of the recognition of economic, social and cultural rights. Indonesia ratified the ICESCR which clearly states the right to health. In accordance with Article 12 of Law Number 11 of 2005 concerning International Ratification Covenant on Economic, Social, and Cultural Rights (ICESCR), "…States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health…". This shows Indonesia's commitment to guaranteeing the right to health in accordance with international standards. This commitment is not only regulated in national regulations but also confirmed in the ratification of international agreements. With a strong legal basis, it is hoped that health problems in Indonesia can be resolved quickly. One of them is a problem Stunting which until now still needs to be handled seriously.

According to the World Health Organization (WHO) Stunting is a developmental disorder in children caused by poor nutrition, repeated infections, or inadequate psychosocial stimulation. Stunting is a condition characterized when a child's length or height is less than his age (Fatikha & Permatasari, 2023). In short, Stunting is a chronic condition in which a child experiences disrupted linear growth. Stunting itself is caused by a combination of various interrelated factors such as nutrition, health, environment and socio-economics. Physically, maybe the signs are not very clear Stunting itself results in children's physical growth and development that is not relevant to their age (Elly Marlina Usman et al., 2021). However, these various things cannot be generalized to mean that every child who is short is a child who suffers from it Stunting.

Experts identify various factors that can directly and indirectly cause stunting. The direct factors that cause stunting are those that are directly related to the child's physical condition which affects their growth. Such as inadequate nutritional intake. According to Prof. Dr. Hardinsyah, MS (2016) explained that "Lack of balanced nutritional intake, especially protein, energy and important micronutrients such as iron, zinc and Vitamin A, during the first thousand days of a child's life is a direct cause of stunting". Meanwhile, indirect factors are conditions or situations that influence direct factors, but are not directly related to the child's physical condition. According to Prof. Dr. Fasli Jalal (2021) stated that "The mother's level of education and knowledge about nutrition and children's health greatly influences the parenting and feeding patterns of children. Mothers who are more educated tend to have a better understanding of the importance of nutrition and proper health practices." This strengthens the argument that feeding greatly influences children's nutritional status. With problems Stunting, it can be interpreted that there is nutritional inequality in the area.

Based on data published by the Indonesian Nutrition and Toddler Status Survey (SSGBI), prevalence targets and achievements in East Java from 2019 to 2021 continue to decline even though they have not yet reached the annual target. In 2021, the stunting rate in East Java was 23.5% and this figure will decrease to 19.2% in 2022. The East Java Provincial Government is targeting a further reduction to reach 13-14% in 2024. To achieve the targets that have been set, the government has made various efforts such as nutrition and health interventions in collaboration with various parties from regional governments to existing local communities. These programs include strengthening synergy between various stakeholders, optimizing maternal and child health programs, as well as increasing awareness and education regarding the importance of balanced nutrition and reproductive health from an early age. One of the areas in East Java that holds the highest stunting rate is Bangkalan Regency. Based on survey results from the National Population and Family Planning Agency (BKKBN) in 2022, the

prevalence of stunting in Bangkalan reached 38.9% which figure makes Bangkalan Regency the highest in East Java Province. Efforts to reduce the stunting rate in Bangkalan Regency have been carried out through various programs, one of which is the Great Parents School (SOTH), which was launched by the Bangkalan Regency Government in collaboration with the BKKBN of East Java Province. This SOTH program aims to increase parents' knowledge and skills in providing care for children in the hope of reducing the prevalence of stunting in Bangkalan Regency. Apart from SOTH, The Bangkalan Regency government also has a SWEET SATE or One Egg program to prevent toddlers from suffering from chronic malnutrition. This program focuses on fulfilling nutrition for toddlers in the Bangkalan Regency area. According to Aris Budhi as Head of Health Promotion at the Bangkalan District Health Service, the main factors causing stunting in Bangkalan District are mothers' lack of knowledge about nutritious food and errors in food processing. Aris Budhi explained that most of the people in Bangkalan Regency work as fishermen, where fish should be a source of nutrition and protein. However, all the fish obtained are traded, leaving only fish that are not suitable for sale, which are then salted and then consumed by individuals.

Based on data on Determining Stunting Locus Villages, Bangkalan Regency In 2024, Batonaong Village is the village with the highest prevalence of stunting with a percentage of 32.25%, namely 33 toddlers suffering from stunting. Most of the residents of Batonaong Village are farmers and fishermen, which is the main occupation of the people in Batonaong Village. Batonaong Village has an area of approximately 5130 square meters with a population of 2360 people. Batonaong Village has a population density of 460.06 per square kilometer. The people of Batonaong Village highly uphold traditional values and ancestral traditions. Infrastructure in Batonaong Village is still under development. Village roads, public facilities and transportation access are the government's main focus to improve the quality of life for the people of Batonaong Village. Access to education and health in Batonaong Village is one of the biggest challenges for the government. The local government continues to strive to improve educational facilities and health services for the people of Batonaong Village. Based on the existing conditions and the potential natural resources possessed by Batonaong Village, the economic mobility of the people in the Batonaong Village area is classified as lower middle class with a variety of jobs ranging from fishermen and farmers.

Social conditions are conditions related to circumstances or situations in society that are related to social conditions. The social condition of society has five indicators, namely: age and gender, occupation, prestige, family or household group, and membership in union groups (Asnawati et al., 2021). Meanwhile, socio-economic conditions are a position that is socially regulated and places a person in a certain position in society, giving this position also includes a set of rights and obligations that must be carried out by the bearer of the status (Basrowi & Juariyah, 2010). The benefits of socio-economic conditions for society from an educational program are in the form of improvements in income, productivity, health, nutrition, family life, recreation culture and community participation. The economic aspect of the village greatly influences the health problems that exist in Batonaong Village. Adequate food and economic needs for people will only be affordable if their household income is sufficient to cover household needs and develop their businesses (Pangi et al., 2020).

This study aims to optimize food ingredients in existing traditional market to improve food security for stunting toddlers in Batonaong Village, Bangkalan Regency, Madura.

METODS

Researchers carried out survey activities at the Batonaong New Market accompanied by Mr. Rasiman as the market guard. The aim of this survey activity is to identify natural products

in Batonaong Village related to food availability, affordability, stability and utilization. The survey results obtained will then be used as a basis for compiling a healthy menu for households with children suffering from stunting. Age groups that can be a risk factor for Stunting are groups that experience nutritional problems starting from being prospective brides, pregnant women, breastfeeding mothers, and babies and toddlers under 2 years of age. The research method used in conducting this research is *Household Food Insecurity Access Scale* (HFIAS). HFIAS is an assessment tool used to measure the level of household access to sufficient and quality food. The assessment is carried out through a questionnaire that asks about household experiences and behavior related to access to food. This questionnaire only consists of 9 questions with periods *recall* Last 30 days. The results of calculating the questionnaire scores will be grouped into 3 categories of household food security status, namely: Food security, Moderate food insecurity, Severe food insecurity.

This information can be used as a basis for identifying households that are prone to food insecurity with children suffering from stunting and to understand what factors can influence food availability in the area or population of Batonaong Village.

Table 1.   Components of HFIAS Questions

No.	Context of the question
1.	Concerns that the household has not had food in the last 4 weeks and how often this occurs
2	Inability to eat desired foods in the last 4 weeks and how often it occurs
3	Inability to eat restricted foods in the last 4 weeks and how often it occurs
4	Compulsion to eat unwanted foods in the last 4 weeks and how often it occurs
5	Compulsion to reduce food portions in the last 4 weeks and how often it occurs
6	Compulsion to reduce eating time for a day in the last 4 weeks and how often it occurs
7	Have you ever had nothing to eat in the last 4 weeks and how often does this happen?
8	Forced to sleep hungry at night in the last 4 weeks and how often it happened
9	Compulsion not to eat for a full day in the last 4 weeks and how often it occurs

P=XXi x 100%

P	: mean HFIAS score
$\sum x$	: total score of HFIAS answers
$\sum xi$	: the number of highest HFIAS scores

Decision making uses a 3 Likert Scale (Ballard et al., 2009):

Table 2.   HFIAS Assessment Qualifications

Achievement level (%)	Score	Qualification
72%<score≤100%	3	Food security
46%<score≤72%	2	Moderate food insecurity
20%<score≤46%	1	Severe food insecurity

RESULT

On the first day, researchers conducted observations in Batonaong Village to find out what problems were currently being suffered by households related to food. It was found that there were several food problems experienced by households in Batonaong Village. The problem can be identified easily through the circumstances *Stunting* suffered by toddlers in the household through physical measurements, namely:

Table 3.   Toddler Data *Stunting* Batonaong Village

No	Gender	Age	Bb/Pb	Lila	Equal
P1	L	3 thn	11 kg/98 cm	14	46
P2	p	2 thn	6,2 kg /75,6 cm	13,5	43

P3	P	2 thn	8 kg/80,5 cm	13,5	45
P4	L	2 thn	10,2 kg/101,5 cm	14,6	46
P5	P	3 thn	8 kg/ 78 cm	12	43
P6	L	9 bln	5,9 kg/ 62 cm	11,7	42,3
P7	P	8 bln	5,5 kg/ 58 cm	11	42
P8	P	1 thn	7 kg/ 66 cm	12,3	43,2
P9	P	3 thn	11,9 kg/ 89 cm	16,2	49
P10	L	1 thn	7,2 kg/ 67 cm	12,5	43,5
P11	P	2 thn	9,5 kg/ 77 cm	14,2	46
P12	P	11 bln	6,5 kg/ 64 cm	12	42,7
P13	P	1 thn	7,5 kg/ 68 cm	12,7	43,7
P14	L	3 thn	12,1 kg/ 90 cm	16,3	49,2
P15	P	2 thn	9,3 kg/ 76 cm	14	45,7
P16	L	10 bln	6,2 kg/ 63 cm	11,8	42,5
P17	P	2 thn	10,7 kg/ 83 cm	15,2	47,5
P18	P	3 thn	12,3 kg/ 91 cm	16,5	49,5
P19	L	2 thn	10,1 kg/ 80 cm	14,7	46,7
P20	L	3 thn	11,7 kg/ 88 cm	16	48,7
P21	P	3 thn	10,4 kg/90 cm	14,8	50,5
P22	L	3 thn	9,8 kg/87 cm	14	49
P23	L	4 thn	11 kg/ 93 cm	15,5	52
P24	P	1 thn	8 kg/ 72	12	44
P25	P	4 thn	11,4 kg/ 95 cm	16	53
P26	L	1 thn	7 kg/ 69 cm	11	43
P27	P	2 thn	8 kg/ 76 cm	12	44
P28	L	1 thn	7,5 kg/ 72 cm	11	43
P29	P	4 thn	12 kg/ 98 cm	16,8	54
P30	L	3 thn	10,5 kg/ 91 cm	15	50
P31	L	6 bln	5 kg/ 59 cm	11	41
P32	L	2 thn	8,5 kg/ 78	12	44
P33	4 thn	P	12 kg/ 98 cm	16,8	54,5

Calculation of food security for households with sick children *Stunting* using a questionnaire and HFIAS calculations are as follows:

Table 4.   Food Security Data for Households with Toddlers *Stunting*

No	Activity	Number of individual				
		P1	P2	P3	P4	P5
FOOD SECURITY (HFIAS)						
1.	How often have you had concerns about not having food in the last 4 weeks?	2	3	2	1	1
2.	How often have you craved food that you wanted to eat in the last 4 weeks but couldn't afford it?	2	2	3	2	2
3.	How often have you lacked food in the last 4 weeks?	1	1	2	2	1
4.	How often have you been forced to eat food you don't like because of limited food in the last 4 weeks?	1	1	3	1	2
5.	How often have you had to reduce food portions in the last 4 weeks due to limited food?	1	2	3	1	2
6.	How often have you had to skip meals a day in the last 4 weeks?	3	2	2	1	2

No	Activity					
7.	How often have you had nothing to cook or eat in the last 4 weeks?	2	1	2	1	1
8.	How often have you gone to bed hungry in the last 4 weeks?	2	1	2	2	1
9.	How often have you had to go without food for a whole day in the last 4 weeks?	1	1	2	1	2
Total		**15**	**14**	**21**	**12**	**14**
Total (P1+P2+P3+P4+P5)		**76**				

No	Activity	Number of individual				
		P6	**P7**	**P8**	**P9**	**P10**
FOOD SECURITY (HFIAS)						
1.	How often have you had concerns about not having food in the last 4 weeks?	1	3	2	1	2
2.	How often have you craved food that you wanted to eat in the last 4 weeks but couldn't afford it?	2	2	3	2	2
3.	How often have you lacked food in the last 4 weeks?	1	1	2	2	1
4.	How often have you been forced to eat food you don't like because of limited food in the last 4 weeks?	2	1	3	1	2
5.	How often have you had to reduce food portions in the last 4 weeks due to limited food?	1	2	2	1	3
6.	How often have you had to skip meals a day in the last 4 weeks?	3	1	2	2	2
7.	How often have you had nothing to cook or eat in the last 4 weeks?	2	1	2	1	2
8.	How often have you gone to bed hungry in the last 4 weeks?	1	1	2	2	1
9.	How often have you had to go without food for a whole day in the last 4 weeks?	1	1	2	1	2
Total		**14**	**13**	**20**	**13**	**17**
Total (P6+P7+P8+P9+P10)		**77**				

No	Activity	Number of individual				
		P11	**P12**	**P13**	**P14**	**P15**
FOOD SECURITY (HFIAS)						
1.	How often have you had concerns about not having food in the last 4 weeks?	1	2	1	2	1
2.	How often have you craved food that you wanted to eat in the last 4 weeks but couldn't afford it?	1	2	2	2	2
3.	How often have you lacked food in the last 4 weeks?	1	1	1	2	1
4.	How often have you been forced to eat food you don't like because of limited food in the last 4 weeks?	2	1	2	2	2
5.	How often have you had to reduce food portions in the last 4 weeks due to limited food?	2	2	2	2	2

No	Activity					
6.	How often have you had to skip meals a day in the last 4 weeks?	1	1	1	3	2
7.	How often have you had nothing to cook or eat in the last 4 weeks?	2	1	1	2	1
8.	How often have you gone to bed hungry in the last 4 weeks?	1	1	2	3	1
9.	How often have you had to go without food for a whole day in the last 4 weeks?	1	2	2	2	2
Total		**12**	**13**	**14**	**18**	**14**
Total (P11+P12+P13+P14+P15)		**71**				

No	Activity	Number of individual				
		P16	**P17**	**P18**	**P19**	**P20**
FOOD SECURITY (HFIAS)						
1.	How often have you had concerns about not having food in the last 4 weeks?	1	3	1	2	2
2.	How often have you craved food that you wanted to eat in the last 4 weeks but couldn't afford it?	1	1	2	2	2
3.	How often have you lacked food in the last 4 weeks?	1	2	1	2	1
4.	How often have you been forced to eat food you don't like because of limited food in the last 4 weeks?	2	2	3	1	2
5.	How often have you had to reduce food portions in the last 4 weeks due to limited food?	2	2	2	1	2
6.	How often have you had to skip meals a day in the last 4 weeks?	2	1	2	1	2
7.	How often have you had nothing to cook or eat in the last 4 weeks?	2	1	1	1	1
8.	How often have you gone to bed hungry in the last 4 weeks?	1	2	2	2	1
9.	How often have you had to go without food for a whole day in the last 4 weeks?	1	1	2	1	2
Total		**13**	**15**	**16**	**13**	**15**
Total (P16+P17+P18+P19+P20)		**72**				

No	Activity	Number of individual				
		P21	**P22**	**P23**	**P24**	**P25**
FOOD SECURITY (HFIAS)						
1.	How often have you had concerns about not having food in the last 4 weeks?	2	1	2	2	1
2.	How often have you craved food that you wanted to eat in the last 4 weeks but couldn't afford it?	2	1	1	1	2
3.	How often have you lacked food in the last 4 weeks?	2	2	2	1	2
4.	How often have you been forced to eat food you don't like because of limited food in the last 4 weeks?	1	2	1	2	1

5.	How often have you had to reduce food portions in the last 4 weeks due to limited food?	1	2	2	1	2
6.	How often have you had to skip meals a day in the last 4 weeks?	2	1	1	1	2
7.	How often have you had nothing to cook or eat in the last 4 weeks?	2	1	1	1	1
8.	How often have you gone to bed hungry in the last 4 weeks?	1	2	2	2	1
9.	How often have you had to go without food for a whole day in the last 4 weeks?	1	1	2	1	2
Total		**14**	**13**	**14**	**12**	**14**
Total (P21+P22+P23+P24+P25)		**67**				

No	Activity	Number of individual				
		P26	**P27**	**P28**	**P29**	**P30**
FOOD SECURITY (HFIAS)						
1.	How often have you had concerns about not having food in the last 4 weeks?	1	2	1	1	1
2.	How often have you craved food that you wanted to eat in the last 4 weeks but couldn't afford it?	1	2	2	2	2
3.	How often have you lacked food in the last 4 weeks?	1	1	1	2	1
4.	How often have you been forced to eat food you don't like because of limited food in the last 4 weeks?	2	1	2	1	2
5.	How often have you had to reduce food portions in the last 4 weeks due to limited food?	2	2	2	1	2
6.	How often have you had to skip meals a day in the last 4 weeks?	1	1	1	1	2
7.	How often have you had nothing to cook or eat in the last 4 weeks?	2	1	1	1	1
8.	How often have you gone to bed hungry in the last 4 weeks?	1	2	2	2	1
9.	How often have you had to go without food for a whole day in the last 4 weeks?	1	1	2	1	2
Total		**12**	**13**	**14**	**12**	**14**
Total (P26+P27+P28+P29+P30)		**65**				

No	Activity	Number of individual		of
		P1	**P2**	**P3**
1.	How often have you had concerns about not having food in the last 4 weeks?	3	2	3
2.	How often have you craved food that you wanted to eat in the last 4 weeks but couldn't afford it?	3	2	2
3.	How often have you lacked food in the last 4 weeks?	2	2	2

4.	How often have you been forced to eat food you don't like because of limited food in the last 4 weeks?	2	1	2
5.	How often have you had to reduce food portions in the last 4 weeks due to limited food?	2	2	2
6.	How often have you had to skip meals a day in the last 4 weeks?	2	2	2
7.	How often have you had nothing to cook or eat in the last 4 weeks?	2	2	2
8.	How often have you gone to bed hungry in the last 4 weeks?	3	2	3
9.	How often have you had to go without food for a whole day in the last 4 weeks?	3	2	3
Total		**22**	**17**	**21**
Total (P1+P2+P3)		**60**		

Note: The maximum HFIAS score with a prevalence of 100% is 27

P=XXi x 100%

P=488891 x 100%

P=54.77% (moderate food insecurity)

DISCUSSION

From the results of calculating the HFIAS score, it shows that the condition of households that have children with children *Stunting* in Batonaong Village are households that fall into the moderate food insecurity category. On the second day, researchers carried out market survey activities accompanied by Mr. Rasiman as the market guard. This survey activity was carried out to obtain information regarding prices and purchasing intensity of food (meat, fish, fruit, etc.). The result of this survey activity is that researchers obtain information about food ingredients sold in the market, which in turn this information will become a reference for researchers in preparing healthy menus for households with toddlers. *Stunting*.

PENJUAL 1

Jenis Pangan	Satuan Akses Ikat/buah/lain	Satuan Akses Kg	Harga Satuan	Frekuensi Dibeli	Asal
1. Sayur					
A. Bayam	1 Ikat		2000	Sering	
B. Sawi Hijau	1 Ikat		3000	Sering	
C. Sawi Putih		1 kg	2000	Jarang	
D. Kangkung	1 Ikat		13000	Sering	
E. Wortel			12000	Sering	
F. Daun Pepaya	1 Ikat		2000	Jarang	
G. Kelor	1 Ikat		2000	Sering	
H. Kubis		1 kg	12000	Jarang	
I. Brokoli		1 kg	40000	Jarang	
J. Buncis		1 kg	16000	Jarang	Pasar Keputran, Surabaya
K. Kenikir	1 Ikat		2000	Jarang	
L. Baby Corn		1 kg	20000	Jarang	
M. Toge		1 kg	10000	Jarang	
N. Timun		1 kg	10000	Jarang	
O. Labu siam		1 kg	6000	Sering	
P. Jagung Manis		1 kg	6000	Jarang	
Q. Gambas		1 kg	14000	Jarang	
R. Kembang Kol		1 kg	30000	Jarang	
S. Tomat		1 kg	24000	Sering	

PENJUAL 2,3,4, dan 8

Jenis Pangan	Satuan Akses Ikat/buah/lain	Satuan Akses Kg	Harga Satuan	Frekuensi Dibeli	Asal
1. Sumber Protein					
A. Protein Hewani					
1. Ikan laut - tongkol		1 kg	40000	Sering	Desa Batonaong
2. ikan laut kembung		1 kg	40000	Sering	Desa Batonaong
3. Ikan lele		1 kg	25000	Jarang	Desa Batonaong
4. Ikan nila		1 kg	35000	Sering	Desa Batonaong
5. Ikan Gurame		1 kg	45000	Sering	Desa Batonaong
6. Ikan Asin		1 kg	35000	Sering	Desa Batonaong
7. Cumi		1 kg	70000	Sering	Pasar Keputran
8. Daging Sapi		1 kg	105000	Jarang	Desa Luar
9. Daging Ayam		1 kg	30000	Sering	Desa Luar
10. Telur	1 butir		2500	Sering	Desa Luar
11. Kerang		1 kg	60000	Jarang	Desa Luar
12. Jeroan		1 kg	25000	Jarang	Desa Luar
13. Udang		1 kg	60000	Jarang	Pasar Keputran
B. Protein Nabati					
1. Tahu	1 bungkus		3000	Sering	Pasar Keputran
2. Tempe	1 papan		5000	Sering	Pasar Keputran

| PENJUAL 1 dan 2 | Satuan Akses | | Harga Satuan | Frekuensi Dibeli | Asal |
Jenis Pangan	Ikat/buah/lain	Kg			
1. Sumber Karbohidrat					
A. Nasi		1 kg	12000	Sering	
B. Singkong		1 kg	5000	Jarang	
C. Roti	1 buah	1 kg	2000	Jarang	
D. Bihun	1 bungkus	1 kg	6000	Sering	
E. Mie Instan	1 bungkus	1 kg	2000	Sering	
F. Beras jagung		1/2 kg	5500	Jarang	
G. Ubi		1 kg	5000	Sering	
H. Kentang		1 kg	16000	Sering	
I. Talas		1 kg	5000	Sering	
J. Kecap	1 bungkus	1 kg	22500	Sering	
K. Gula		1 kg	13000	Sering	Luar Desa
2. Sumber Protein					
A. Protein Hewani					
1. Telur ayam kampung	1 butir		3000	Sering	
2. Telur ayam	1 butir		2500	Sering	
3. Susu bubuk	1 bungkus		3000	Jarang	
4. Susu kental manis	1 kaleng		14000	Jarang	
B. Protein Nabati					
1. Kacang Kedelai		1 kg	15000	Jarang	
2. Kacang Tanah		1 kg	26000	Jarang	
3. Kacang Hijau		1 kg	23000	Jarang	

On the third day, the researchers prepared a healthy menu with balanced nutrition based on the results of a market survey so that the researchers were able to create a healthy menu by utilizing local food resources in the Batonaong Village traditional market. Researchers also provide estimates of food prices for each meal. The following is a list of food menus compiled by researchers.

Table 5.   A List Of Food Menus Compiled By Researchers

No Menu	Material Composition	URT	AND (kcal)	P (g)	L (g)	K (g)	Price
	First day						
	Breakfast						
Vegetable Chicken Porridge	Rice	50 g	180	4	0,5	39	500
	Minced chicken	50 g	110	23	1.5	0	3500
	Carrot	20 g	7	0.2	0.1	1.7	400
	Spinach	30 g	7	0.8	0.1	1.1	200
	Oil	5 ml	45	0	5	0	50
Subtotal			349	27,4	7,2	41,8	4650
	Have lunch						
Rice, Meat Ball Soup, Papaya Fruit	Rice	2 servings sdg	260	4,8	0,4	57,2	700
	Minced Beef	50 g	125	18	7	0	3500
	Know	30 g	30	3.5	1.5	1.5	200
	Carrot	20 g	7	0.2	0.1	1.7	400

	Potato	50 g	38	1	0	9.5	250
	Air	100 ml	0	0	0	0	-
	Pawpaw	1 pm medium	48,7	0	0,1	12,3	2000
Subtotal			**508.7**	**22.7**	**9.1**	**82,2**	**7050**
	Dinner						
Tuna Fish Team Rice, Juice guava	Rice	50 g	180	3.5	0.5	40	500
	Mackarel tuna	50 g	95	20	1	0	2000
	Broccoli	20 g	7	0.1	0.1	1.5	300
	Know	30 g	30	1.5	1.5	1.5	200
	Guava	1 pm big	134.5	0,9	6,5	20,1	200
	Chocolate sweetened condensed milk	3 tbsp	96	2,3	2,6	16,4	500
Subtotal			**542.5**	**28.3**	**12.2**	**79.5**	**3700**
Overall Total			**1400**	**78.4**	**28.5**	**203.5**	**15400**

Researchers succeeded in obtaining information on food prices at local markets in Batonaong Village. Then this data is used as a reference in preparing a healthy menu so that it can provide education for households about how to optimize nutrition with a simple menu whose ingredients are easy to find at local markets.

CONCLUSION

Based on research on local food ingredients for food security in toddlers Stunting, it can be concluded that this research was successful in identifying, analyzing and overcoming problems Stunting which occurred in Batonaong Village, Bangkalan Regency using a comprehensive approach. The market survey conducted by researchers produced important data for preparing healthy menus for toddlers aged 1-5 years. The menu is made based on the availability of food ingredients in local markets and the results meet the nutritional needs of toddlers aged 1-5 years who suffer from it Stunting. The research methodology used is the Household Food Insecurity Access Scale (HFIAS) which can provide an understanding of household food conditions and what factors influence household food security. The use of food ingredients in local markets does not only support toddler nutrition Stunting but also supports the sustainability and food independence of households in Batonaong Village. The results of this research provide positive support in efforts to improve community welfare,

especially overcoming problems Stunting as well as optimizing the use of local food ingredients and appropriate processing methods to achieve good and sustainable food security in the Batonaong Village area.

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