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Effect of Cat Stretch Exercise and Adho Mukha Padmasana Pose on Dymenoreh Emotional Stability in Students at SMA City of Palembang

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Abstract

Adho Mukha Padmasana is one of the yoga postures, this movement helps reduce pain during menstruation, strengthens leg muscles, tightens hips and massages thighs and ankles, relaxes mind and stomach. Teenage girls experience several problems during menstruation. Cycle is not smooth, pain, emotional disturbances, changes in attitude (emotionally unstable) and decreased self-confidence. Objective: To determine the effectiveness of the Cat Stretch Exercise and the Adho Mukha Padmasana Pose Technique for the Management of Dysmenorrhea in Young Women during the Covid-19 Pandemic Period in 2021. Research Methods: This research is a quantitative study with a pre-experimental method. The design of this study used One Group Pre-Test-Posttest, using purposive sampling. The results of this study can be seen that from 60 respondents the menstrual pain scale can be reduced after the intervention of the Cat Stretch Exercise and Adho Mukha Padmasana Pose. It is known that the p value <0.01 means that there is at least one variable that has a significant relationship with the intervention carried out, therefore a Wilcoxon multivariate posthoc was performed. To minimize emotional instability due to the influence of the menstrual cycle, habituation exercises are applied.

Keywords
cat stretch exercise; Adho Mukha Padmasana; Dysmenorrhea

I. Introduction

The Ministry of Health of the Republic of Indonesia (Kemenkes RI) defines "reproductive health" as a state of physical, mental, and social health related to production systems, functions and processes. The age range of adolescents is around 10-19 years, adolescents at this age experience various kinds of changes such as changes in body, changes in social status, gender and especially reproductive organs which are marked by the presence of the first menstruation (menarche). Adolescence is a very important period of development in adolescents, beginning with the maturation of the physical (sexual) organs so that later they are able to reproduce (Putri et al., 2017) in young women. Changes in reproductive health behavior if not handled carefully will have an impact on decreasing the quality of reproductive health in family life in the future (BKKBN, 2018).

Menstruation is the periodic expulsion of blood and body cells from the vagina from the wall of a woman's uterus. Menstruation begins at puberty and marks a woman's ability to conceive. Menstruation usually begins between the ages of 10 and 16 years, depending on the woman's health, nutritional status and weight relative to height. Nutritional status is one of the factors causing menstrual cycle problems. Adolescent girls who experience less or more nutritional intake can cause menstrual disorders. Menstruation will take place approximately once a month until the woman reaches the age of 45-50 years (Fhadila,

2017). Although complaints of menstrual pain are common with surprising results, where the incidence in women, most women who experience primary dysmenorrhea in each country are reported to be more Menstrual pain rarely go to the doctor, they treat from 50%3. the pain with over-the-counter drugs without a prescription. The incidence of menstrual pain (dysmenorrhea) doctors. It has been researched that 30-70% of adolescents in the world are very large, on average more than 50% of women treat menstrual pain with anti-female drugs (Nurwana et al., 2017). Actions without a doctor's supervision can be good or bad. There are even young women who often consume turmeric which is packaged and sold in the free market to relieve menstrual pain. This can indicate that the suggestion of the drug consumed can affect the healing rate.

There is a difference in perception between the habits of teenagers during menstruation to visit the doctor and taking medical drugs that have side effects when consumed long term. Meanwhile, the second perception is on adolescents who do not go to the doctor because of financial limitations but have suggestions with herbal treatment. Both of these perceptions can increase the rate of rapid drug reaction that affects pain during menstrual pain. The differences between the two perceptions affect the psychological condition and social conditions of adolescents such as lack of confidence when experiencing the menstrual cycle. Circumstances that make the menstrual cycle uncomfortable and disrupt some learning, social and other activities that involve high emotionality. Lack of understanding of personal or social circumstances. Reflecting spontaneous attitudes, behaviors and actions such as irritability, deciding things without thinking clearly, being easily offended, not wanting to hang out with friends who have offended you during menstruation.

The transition period occurs when women are in the phase before entering the menstrual cycle and after experiencing menstruation. Changes in such situations have an important role in the psychological condition of adolescents. Puberty development includes a complex of biological, morphological and psychological changes that include the process of transition from childhood to adulthood (In et al., n.d.). To reach the early adulthood phase for adolescents is a heavy attitude and treatment. There needs to be self-understanding that can be feedback and understanding from the youth themselves. For example, realizing that it is natural for women to experience menstrual cycles, with various circumstances and challenges, they must be ready to be faced. Without self-preparation and personal acceptance, it can inhibit cycles such as the emergence of anxiety, high depression to stress. Every teenager has different cycles and problems. Such influence involves the role of the supportive environment of family, close friends, loved ones and teachers play an important role in understanding theory and knowledge during the learning process at school. According to Martin Luther King, a people without knowledge is like a tree without roots (Philips, S. 2020).

Some women of childbearing age experience pain during menstruation. Continuous pain on the day before or at the start of your period. The pain will be felt in the lower or middle abdomen sometimes even to the hips, thighs, and back. The severity of pain varies from woman to woman, and also between menstrual cycles in the same woman. Sometimes, the pain may not be noticeable. But it could also be at other times, the pain will feel very intense accompanied by seizures, weakness, fever, dizziness and various disorders such as nausea, vomiting, and diarrhea (Larasati & Alatas, 2016). Pain during menstruation (dysmenorrhea) there are two forms, namely primary and secondary dysmenorrhea. Primary dysmenorrhea occurs after menarche which generally occurs in the morning at the age of 6-12 months, the characteristics are always the same every menstrual cycle and always associated with the ovulation cycle, while secondary dysmenorrhea

occurs at all ages. Where the pain increases with age and worsens over time. The characteristics are different in each menstrual cycle where menstrual pain occurs related to pelvic pathology abnormalities (Larasati & Alatas, 2016). Factors that affect primary dysmenorrhea, namely endocrine factors, abnormalities causing pain during organic menstruation, psychological factors or psychological disorders, factors long period, adolescent menstrual blood flow with abnormal nutritional status, smoking, positive family history may be 1.2 times greater risk of experiencing disease, obesity and consuming dysmenorrhea. low nutritional status (Nurwana et al., 2017).

The incidence of dysmenorrhea in the world is very large. On average, more than 50% of women in every country experience dysmenorrhea. In America, the percentage figure is around 60% and in Sweden it is around 72% (Wulandari, Hasanah, & Woferst, 2018). Dysmenorrhea can have an impact on the activities of women, especially teenagers. For example, a student who has dysmenorrhea cannot concentrate on learning and learning motivation will decrease because of the dysmenorrhea that is felt in the teaching and learning process and sometimes someone asks for permission to go home because they can't stand the dysmenorrhea they feel (Lail, 2019).

Angelia, Sitorus, and Etrawati's research (2017) in SMA Palembang of 146 respondents who had experienced primary dysmenorrhea as many as 109 respondents (74.7%) had experienced primary dysmenorrhea. While in Indonesia the incidence of dysmenorrhea is 64.25% consisting of 54.89% primary dysmenorrhea and 9.36% secondary dysmenorrhea. Sari's research (2017) in Deli on 130 respondents stated that many factors influence the occurrence of dysmenorrhea such as age, menarche, family history, lack of activity or exercise and imbalance in nutritional intake where adolescents generally prefer to snack on non-nutritive foods. This research is in line with the research conducted by Ade (2019) on 42 respondents at the Yogyakarta Islamic Boarding School who were influential in elementary schools with evidence of dysmenorrhea which is a family history and exercise habits. There are many ways to eliminate or reduce menstrual pain, both pharmacologically and non-pharmacologically. Non-Pharmacological Management is safer to use because it does not cause side effects such as drugs (Misliani, Mahdalena, & Firdaus, 2019).

Herbal treatment involves self-suggestion and self-understanding of the causes that appear to be a real effort to minimize pain. To treat pain during menstruation can be helped through increased knowledge. The right diagnosis can affect the right treatment and the results will be maximized. Adolescents when experiencing a menstrual cycle feel that their psychological condition is unstable by understanding the impact can be balanced through an increase in gratitude and happiness. Knowledge can turn a negative situation into a positive one. When the concept of self-acceptance is formed in adolescent girls, it can increase the sense of comfort and even happiness during menstruation. Changes in each situation can reflect the social conditions for the teenager. There are some teenagers who avoid medical treatment because of side effects etc.

Some of the young women who believe that yoga/meditation can reduce the feeling of menstruation because it further increases peace of mind. When associated with the obligation of Muslims to pray five times a day, it can increase peace of mind. In the case of adolescent menstruation, such conditions are not allowed to pray 5 times medically, there will be changes in the blood flow cycle that affect individual emotions. The meditation method is the basic reference for menstruating women. The role of meditation becomes important when the soul is unstable. Efforts to increase the emotional stability of the soul apply meditation habits with the aim of increasing concentration, minimizing

stress/depression levels and reducing anxiety. So that the menstrual cycle will be more normal and more stable emotions.

There are several ways that can be done to overcome dysmenorrhea, namely taking a warm bath, putting a bottle on the stomach, exercising, and avoiding smoking. French (2005) (cited in Fauziah, 2015) states that lifestyle modifications to overcome dysmenorrhea are low-fat diet, exercise and smoking cessation with acupuncture, acupressure. Physical exercise can be used to reduce dysmenorrhea during menstruation with abdominal stretching exercises which are abdominal muscle stretching exercises that are carried out for approximately 10-15 minutes to increase muscle strength, endurance and muscle flexibility so that it is expected to reduce dysmenorrhea pain in adolescents. . Rusnoto, & Fatma, 2017). Stretching exercises can overcome dysmenorrhea, stretching exercises are safer and have no side effects because they use the body's physiology. This study is in line with Sormin's (2014) research at SMPN 2 Siantan Pontianak Regency on 20 respondents who stated that exercise can increase blood flow in the pelvis and stimulate endorphins in the body which have side effects that have an impact on reducing pain scale.

The research of Windastiwi, Pujiastuti, and Mundarti (2017) at SMPN 1 Wonoboyo on 48 respondents stated that there was an effect of dysmenorrhea stretching exercise on decreasing menstrual cramps. The results of Fauziah's research (2015) at SMKA 1 Furqon Bantar Kawung, Brebes Regency regarding a reduction activity package (stretching the abdomen) of 31 respondents to reduce the intensity of menstrual cramps in adolescents showed that the reduction package consisting of: Mineral water therapy and abdominal stretching exercises was effective in reducing the intensity of menstrual cramps. pain in dysmenorrheal adolescents. Abdominal stretching exercises are exercises to stretch the abdominal muscles. Abdominal stretching exercises are one of the relaxation techniques that can be used to reduce pain. This causes increased levels of endorphins produced by the brain due to exercise. Therefore, physical exercise that acts as a short-term analgesic can reduce pain (Ardiani & Sani, 2020).

A preliminary study at SMA Kota Palembang found that there were still many students who experienced menstrual pain (dysmenorrhea) and when experiencing menstrual pain some students asked for permission to go home and ultimately could not participate in the learning process at school interfere with daily activities. The results of interviews with several students obtained information that the Adho Mukha Padmasana (yoga) technique had never been done in overcoming menstrual pain. The above problems attracted the attention of researchers to conduct research on "The Effect of Cat Stretch Exercise and Adho Mukha Padmasana Pose on Dysmenorrhea in Students at SMAN Palembang City in 2021.

II. Research Method

This research is a quantitative pre-experimental research. With the research design the one group pretest-posttest design. In this design there is no control group or randomization. After selecting the research subjects (single group), measurements were then taken before and after the intervention. The measurement results are then compared (the measurement results before the intervention and compared with the measurement results after the intervention) (Swarjana, 2015:71).

The research design can be described as below.

K 01 X 02

Information:

K : Subject

01 : Pretest score (before given practice)

X : Abdominal stretching exercises

02 : posttest score (after being given practice)

Research design is a research design that is structured in such a way that it can lead researchers to be able to obtain answers to research questions. This research is a pre-experimental study to determine the effect of Catstretch Exercise and Adho Mukha Padmasa Pose on reducing menstrual pain in female students who experience dysmenorrhea.

This research will be conducted in July-December 2021. The location of this research will be at SMAN 13 Palembang and SMA Sriguna Palembang. The population of this study were all adolescent girls who experienced menstrual pain at SMAN 13 Palembang and SMA Sriguna Palembang. Samples were taken using a purposive sampling technique where purposive sampling was based on certain considerations made by the researchers themselves, based on the characteristics or characteristics of the population that were known previously (Sugiono , 2016:81).

The sample in this study was the total population of all female students who experienced dysmenorrhea having the following criteria:

a. The inclusion criteria in this study were:
   1. Students who experience menstrual pain on day 1 or day 2 or day 3 of menstruation.
   2. Those who do not use pharmacological therapy at the time of menstrual pain.
   3. No pain from trauma or toothache
   4. Students who have a normal BMI
   5. Students who are willing to be respondents.
b. The exclusion criteria in this study were:
   1. Suffering from certain gynecological diseases such as endometriosis, fibroids, adenomyosis, inflammation of the fallopian tubes and others.
   2. Have abnormalities in the hip and spine.
   3. Experiencing pain other than dysmenorrhea (pain accompanied by fever, toothache, migraine and others).

III. Results and Discussion

3.1 Results

This research was conducted for six months, the number of respondents was 60 people. Each respondent was willing to sign the informed consent and follow the researcher's instructions for intervention. The intervention was given three times, namely the first day, second day, and third day. Before the intervention, the respondent's pain score was measured using the FSR questionnaire, then the intervention was carried out, and after the intervention the pain score was measured again with the same questionnaire.

a. Univariate

Table 1. Characteristics of research subjects

No	Characteristic Variables	Mean ± SD	95% CI (Min – Max)
		N= 60	(N=60)
1.	Respondent's age (years)	14.9 ± 0.54	14.8 – 15
2.	Body weight (kg)	46.5 ± 7.6	44.58 – 48.49
3.	Height (cm)	157.3 ± 5.9	155.8 – 158. 9
4.	Menstrual pain (FSR)	4.72 ± 0.9	4.49 – 4.94
5.	Menarch	12.2 ± 0.9	11.95 – 12.5

Based on table 1, it is known that from 60 research subjects it is known that the average age of the respondents is 14.9 ± 0.54 years with a confidence interval (95% CI) of a minimum of 14.8 and a maximum of 15 years. The average weight of the respondents was 46.5 ± 7.6 kg confidence interval (95% CI) with a minimum of 44.58 and a maximum of 48.49 kg, the average height of the respondents was 157.3 ± 5.9 cm with a minimum confidence interval (95% CI) of 155.8 cm and a maximum of 158.9 cm. In addition, the average respondent's pain score based on the FSR assessment is 4.72 ± 0.9, the minimum confidence interval (95% CI) is 4.49 and the maximum is 4.94, the average age at menarch of the respondent is 12.2 ± 0.9 years, the confidence interval (95% CI) is a minimum of 11.95 years and a maximum of 12.5 years. (Table 4.1).

b. Bivariate

In this study, an experimental study, obtained pain score data that were not normally distributed, therefore statistical analysis was carried out using SPSS version 22 software. The statistical test used is the Friedman test.

Table 2. Differences in respondents' pain scores before and after the intervention

Variable	Median	Min – Max	p value
Before intervention (N=60)			
First day	4	3 – 6	0.000
The second day	4	3 – 5	
The third day	2	1 – 5	
After intervention (N=60)			
First day	3	2 – 3	0.000
The second day	2	1 – 5	
The third day	1	1 – 3	

Based on the results of the Friedman test, it is known that the mean rank pain score before the first day of intervention was 2.63, before the second day of intervention was 2.33, and before the third day of intervention was 1.05. The mean rank pain score after the intervention on the first day was 2.53, before the intervention on the second day it was 2.13, and before the intervention on the third day it was 1.35. It is known that the p value < 0.01 means that there is at least one variable that has a significant relationship with the intervention carried out (table 5.2.2) therefore a multivariate *posthoc Wilcoxon was performed.*

c. Multivariate

Based on the results of the bivariate analysis (table 2), it is known that the p value < 0.01, then the Wilcoxon test univariate posthoc analysis was carried out, and the results were obtained as table 3.

Table 3. Multivariate test

		N	Mean Rank	Sum of Ranks	p value
pain scale after intervention day 1 - pain scale before intervention day 1	Negative Ranks	59 [a]	30.00	1770.00	0.00
	Positive Ranks	0 [b]	.00	.00	
	Ties	1 [c]			
	Total	60			
pain scale after intervention day 2 - pain scale before intervention day 2	Negative Ranks	58 [d]	30.44	1765.50	0.00
	Positive Ranks	1 [e]	4.50	4.50	
	Ties	1 [f]			
	Total	60			
pain scale after intervention day 3 - pain scale before intervention day 3	Negative Ranks	31 [g]	16.00	496.00	0.00
	Positive Ranks	0 [h]	.00	.00	
	Ties	29 [i]			
	Total	60			

In table 3 it is known that the pain scale after intervention on day 1 < pain scale before intervention on day 1 (a); pain scale after intervention day 1 > pain scale before intervention day 1 (b); pain scale after intervention day 1 = pain scale before intervention day 1 (c); pain scale after intervention day 2 < pain scale before intervention day 2 (d); pain scale after intervention day 2 > pain scale before intervention day 2 (e); pain scale after intervention day 2 = pain scale before intervention day 2 (f); pain scale after intervention day 3 < pain scale before intervention day 3 (g); pain scale after intervention day 3 > pain scale before intervention day 3 (h); pain scale after intervention day 3 = pain scale before intervention day 3 (i). Based on the multivariate test using the Wilcoxon test, it is known that there is a very significant difference in respondents' pain scores between before and after being given the first, second, and third day of intervention with each intervention obtaining a significance value of p< 0.01.

3.2 Discussion

a. The results of this study in table 1 can be seen that from 60 respondents the menstrual pain scale can be reduced after the intervention of the Cat Stretch Exercise and Adho Mukha Padmasana Pose. This is in accordance with the theory of stretching (stretching) is the simplest physical activity. Stretching is an exercise to maintain and develop flexibility and flexibility. As for one way of exercise to reduce the intensity of menstrual pain is to do the Cat Stretch Exercise and Adho Mukha Padmasana Pose the body will produce endorphins. Endorphins are produced by the brain and spinal cord which function as natural sedatives produced by the brain, causing a sense of comfort (Syaiful, 2018).
b. Adolescents who experience dysmenorrhea during menstruation have more days off and perform less well in school than adolescents who are not affected by dysmenorrhea. The impact that occurs if dysmenorrhea is not treated can be a

pathological condition (abnormality or disorder) that can cause or trigger an increase in mortality, including infertility. In addition, emotional conflicts, tension and anxiety (Sekaran et al., 2018). Unstable emotions can affect several aspects of life such as confusion in communication, loss of focus, discomfort and even feeling uncomfortable.

c. Pain during menstruation can occur due to muscle problems around the hip cavity (Feries, 2018). Disorders of this muscle can also cause spasms, muscle tension, and back pain. In addition to pain, problems that often occur due to these muscles are not smooth menstrual cycles. To overcome these two things, there are exercise movements that aim to improve muscle condition for the better which is sports training (Haryono , 2016:61).
d. Abdominal stretching exercise can also help increase oxygenation or the process of exchanging oxygen and carbohydrates in cells that experience vasoconstriction and stimulate drainage before lymph flow, thereby increasing muscle flexibility thereby reducing muscle cramps. (Shafnah, 2018)
e. Physical exercises that can be used to reduce dysmenorrhea during menstruation include the Cat Stretch Exercise and Adho Mukha Padmasana Pose which is an abdominal muscle stretching exercise that is carried out for approximately 10-15 minutes to increase muscle strength, endurance, and muscle flexibility. can reduce the pain of dysmenorrhea in adolescents.
f. From table 1 the characteristics of this study show that the average age of the respondents is 14.9+0.54 years with a confidence interval (95% CI) of a minimum of 14.8 and a maximum of 15 years. The average weight of the respondents was 46.5+7.6 kg with a minimum confidence interval of 44.58 and a maximum of 48.49 kg, the average height of the respondents was 157.3+5.9 cm with a minimum confidence interval (95% CI) of 155.8 cm and a maximum of 158.9 cm. In addition, the average respondent's pain score based on the FSR assessment is 4.72 + 0.9, the minimum confidence interval (95% CI) is 4.49 and the maximum is 4.94, the average age at menarch of the respondent is 12.2 + 0.9 years, the confidence interval (95% CI) is a minimum of 11.95 years and a maximum of 12.5 years. . This is in accordance with the theory that there are several levels of pain during menstruation or menstruation. Each menstruation causes pain, especially at the beginning of menstruation but with different levels of pain.
g. According to Larasati (2016), dysmenorrhea is divided into three levels of severity, namely:
    1. Mild dysmenorrhea
       A person will experience pain or can still be tolerated because it is still on the threshold of stimulation, lasts for a while and can continue daily work. Mild dysmenorrhea is on a pain scale with levels of 1-4, for the facial scale mild dysmenorrhea is on a pain scale with levels of 1-2.
    2. Moderate dysmenorrhea
       A person begins to respond to his pain by moaning and pressing on the painful area, painkillers are needed without leaving his job. Moderate dysmenorrhea is on a pain scale with 5-6 levels, for the facial scale, moderate dysmenorrhea is on a pain scale with 3 levels.
    3. Severe dysmenorrhea
       Someone complains of a burning feeling and there is a possibility that someone is no longer able to do normal work and needs to rest for a few days, this can be accompanied by headaches, migraines, fainting, diarrhea, feeling depressed, nausea,

and stomach pain. Severe dysmenorrhea is on a pain scale with 7-10 levels, for severe dysmenorrhea facial scales there is a pain scale with 4-5 levels.

h. The results of this study from 60 respondents in table 2 that the mean mean of the pain scale of students with menstrual pain before being given treatment with the Cat Stretch Exercise and Adho Mukha Padmasana Pose was on the first day it was 4 (min 3 – max 6), the second day it was 4 (min 3 – mak 5), the third day got 2 (min 1 – max 5) and decreased after being given treatment with the Cat Stretch Exercise and Adho Mukha Padmasana Pose, which was on the first day it got 3 (min 2 – max 3), the second day it got 2 (min 1 – max 5), the third day gets 1 (min 1 – max 3). It is known that the p value < 0.01 means that there is at least one variable that has a significant relationship with the intervention carried out (table 5.2.2) therefore a multivariate posthoc Wilcoxon was performed.

i. Pain during menstruation can occur due to problems or around the hip cavity. Disorders of this muscle can also cause spasms, muscle tension, and back pain. In addition to pain, problems that often occur due to these muscles are not smooth menstrual cycles. To overcome these 2 things, there are exercise movements that aim to improve muscle condition for the better which is sports training (Haryono, 2016: 61).

j. Cat Stretch Exercise and Adho Mukha Padmasana Pose can also help reduce cholesterol and fat levels by burning exercise and exercise activities. In addition, this exercise can reduce high blood pressure, train the heart muscle to work optimally so that it can meet all the needs of the body's blood pump.

k. Uplifting by releasing hormones that improve mood and relieve stress. In some studies, regular exercise can help relieve mild to moderate depression as effectively as medication, combining exercise with medication, therapy, and social engagement to have a better effect. Can increase the ability to fend off infection by increasing the body's immune system resistance.

l. Exercise and Body Hormones Exercise affects almost all the hormones produced by the body. Epinephrine and norepinephrine, are the main keys in increasing physical changes during exercise. When the brain detects more muscle movement, it responds by releasing epinephrine and norepinephrine, which speed up the heart rate, contract arteries that serve parts of the body that are not exercising, and stimulate the release of sugar and fat from the body's reserves for energy. Endorphins, which are natural opiates that help block pain perception and can improve mood, increase after 30 minutes or more of exercise. The main function of insulin is to help use glucose from the bloodstream into cells. During exercise the body's hormone concentration increases, while the decrease in insulin concentration occurs during and shortly after vigorous activity. This seems counterintuitive, because exercise accelerates muscle demand for fuel in the form of glucose. However, because insulin transports glucose more effectively during exercise, less insulin is needed as a result. (Sekaran et al., 2018)

m. Getting used to exercise meditation or Yoga in the morning can increase the power in yourself because of the influence of natural energy, sunlight and air and fresh thoughts can increase the power of high concentration.

IV. Conclusion

Based on the results of research, adolescents experience menstrual pain in the cycle of personal social change, changes in attitude, unstable emotions, lack of self-confidence are influenced by hormonal changes involving a sense of discomfort. Therefore it is necessary to be given meditation practice to increase concentration and create a sense of comfort. There is a significant effect of the intervention of cat stretching exercise and Adho Mukha Padmasana's first day on the reduction of menstrual pain (dysmenorrhea) in high school students in Palembang City in 2021, p value = 0.00. There is a significant effect of the intervention of cat stretching exercise and Adho Mukha Padmasana Pose on the second day of reducing menstrual pain (dysmenorrhea) in high school students in Palembang City in 2021, p value = 0.00. There is a significant effect of the intervention of cat stretching exercise and Adho Mukha Padmasana Pose on the third day on the reduction of menstrual pain (dysmenorrhea) in high school students in Palembang City in 2021, p value = 0.00.

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