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RESEARCH ARTICLE (ORIGINAL)

Promotion of Healthy Intimate Relationships: Effectiveness of the Program Developed with Adolescents

Promoção de Relações de Intimidade Saudáveis: Efetividade do Programa Desenvolvido com Adolescentes

Promoción de Relaciones Íntimas Saludables: Eficacia del Programa Desarrollado con Adolescents

Armando Manuel Marques Silva [1]
https://orcid.org/0000-0001-5562-584X

Isabel Maria Pinheiro Borges Moreira [1]
https://orcid.org/0000-0002-6371-003X

Maria Neto da Cruz Leitão [1]
https://orcid.org/0000-0003-0876-776X

Cristina Maria Figueira Veríssimo [1]
https://orcid.org/0000-0002-8836-2828

Maria da Conceição Gonçalves Marques Alegre de Sá [1]
https://orcid.org/0000-0003-4095-8822

Maria Isabel Domingues Fernandes [1]
https://orcid.org/0000-0002-4856-4441

[1] Nursing School of Coimbra (ESEnfC), Health Sciences Research Unit: Nursing (UICISA: E), Coimbra, Portugal

Corresponding author
Armando Manuel Marques Silva
E-mail: armandos@esenfc.pt

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Abstract
Background: Adolescence is a crucial period for the intensification of social relationships and the beginning of the first romantic relationships. It is a strategic period for the implementation of programs that promote healthy intimate relationships and prevent violence.
Objective: To evaluate the effectiveness of a program designed to promote healthy intimate relationships among 9th grade students.
Methodology: A single-group pre-experimental study with pre- and post-intervention assessments and a 6-month follow-up. The sample consisted of 109 students in 9th grade. The Knowledge of Intimate Partner Violence (CVRI) and the Detection of Sexism in Adolescents (DSA) scales were used.
Results: Adolescents' knowledge of intimate partner violence increased and remained high at follow-up. Female adolescents showed higher levels of knowledge, with a statistically significant difference (p < 0.001). Mean DSA scores d creased for both genders after the program and six months later.
Conclusion: The improvement in the knowledge about intimate partner violence and the decrease in sexist beliefs among adolescents indicate that participatory educational interventions promote healthy intimate relationships.

Keywords: adolescent; intervention program; nursing; interpersonal relationships; program evaluation

Resumo
Enquadramento: A adolescência é um período crucial para a intensificação das relações sociais e o início das primeiras relações de namoro. Período estratégico para a implementação de programas de promoção de relações intimidade saudáveis e prevenção da violência.
Objetivo: Avaliar a efetividade do programa promoção de relações de intimidade saudáveis (PRIS), em estudantes do 3º ciclo do ensino básico.
Metodologia: Estudo pré-experimental com grupo único, com avaliações pré e pós-intervenção, *follow-up* após 6 meses. Participaram 109 estudantes do 9.º ano, utilizando-se os questionários Conhecimento da Violência nas Relações de Intimidade (CVRI) e Deteção de Sexismo em Adolescentes (DSA).
Resultados: O nível de conhecimentos dos adolescentes sobre violência nas relações de namoro aumentou e manteve-se elevado no *follow-up*. As adolescentes apresentaram níveis mais elevados, com diferença estatisticamente significativa (p < 0,001). Os valores médios do DSA diminuíram para ambos os sexos após o programa e 6 meses após.
Conclusão: A evolução dos conhecimentos VRI e a diminuição das crenças sexistas dos adolescentes indicam que intervenções educativas participativas promovem relacionamentos íntimos saudáveis.

Palavras-chave: adolescente; programa de intervenção; enfermagem; relações interpessoais; avaliação de programa

Resumen
Marco contextual: La adolescencia es un periodo crucial en el que se intensifican las relaciones sociales y comienzan las primeras relaciones de noviazgo. Es un periodo estratégico para poner en marcha programas que promuevan relaciones íntimas sanas y prevengan la violencia.
Objetivo: Evaluación de la eficacia del programa de promoción de relaciones íntimas saludables (PRIS) en alumnos de 3.º ciclo de educación básica.
Metodología: Estudio preexperimental con un solo grupo, con evaluaciones antes y después de la intervención y seguimiento al cabo de 6 meses. Participaron 109 alumnos de 9.º curso y utilizaron los cuestionarios Conocimiento de la Violencia en las Relaciones Íntimas (CVRI) y Detección del Sexismo en Adolescentes (DSA).
Resultados: El nivel de conocimiento de los adolescentes sobre la violencia en las relaciones de noviazgo aumentó y se mantuvo alto en el seguimiento. Las adolescentes tenían niveles más altos, con una diferencia estadísticamente significativa (p < 0,001). Los valores medios de DSA disminuyeron para ambos sexos después del programa y 6 meses después del programa.
Conclusión: La evolución de los conocimientos sobre VRI y la disminución de las creencias sexistas de los adolescentes indican que las intervenciones educativas participativas promueven relaciones íntimas saludables.

Palabras clave: adolescente; programa de intervención; enfermería; relaciones interpersonales; evaluación de programas

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Introduction

Healthy relationships that promote well-being are fundamental to adolescents' lives, as social interactions intensify during this period. It is also a time of first love experiences, which are generally characterized by reduced commitment (Moreira et al., 2021). Adolescence is a stage of life marked by great potential for development, but also by a significant susceptibility to vulnerabilities. It is a strategic phase of the life cycle to promote healthy intimate relationships through tools that contribute to more satisfactory relationships and, consequently, to prevent and address intimate partner violence (IPV; Leitão et al., 2013; Rosales-Villacrés et al., 2021).

In recent decades, education has been shown to be a means of developing healthy relationships (Stanley et al., 2020), and research has concluded that educational programs that focus on both risk and protective factors can be effective prevention strategies. The benefits of these programs exceed the costs associated with their implementation, and their evaluation identifies those with the best outcomes and the greatest impact. According to the Centers for Disease Control and Prevention (CDC; n.d.), this information is critical to the effective implementation of prevention programs in schools and communities (David-Ferdon et al., 2016).

There has been an increase in the dissemination/publication of interventions to prevent IPV among adolescents. Schools are a privileged context for these interventions because they are the first setting in which adolescents can experiment with their identities away from their families (Malta et al., 2018).

Violence is widely recognized as a public health problem that affects individuals, communities, and society as a whole. There are several studies in which the CDC has identified worrying figures for various forms of violence among primary and secondary school adolescents, with evidence of overlapping forms of youth violence, including dating violence (Vivolo-Kantor, 2021).

There is a growing global recognition that working to prevent gender-based violence among adolescents is a human rights and public health imperative because of its prevalence and harmful short- and long-term consequences for their health (Lundgren & Amin, 2015; Vives-Cases et al., 2019). Adolescence is a unique time to promote attitudes and behaviors that prevent IPV throughout life. As Lundgren and Amin (2015) point out, this is a stage of life when gender role differentiation intensifies, and adolescents try out new ways of thinking and acting in intimate relationships. To understand the effectiveness of interventions, it is important to consider the changes associated with an intervention across a wide range of knowledge, attitudes, and behavioral outcomes (Hielscher et al., 2021).

In this context, this study was conducted to evaluate the effectiveness of the Promotion of Healthy Intimate Relationships (PRIS, *Promoção de Relações de Intimidade Saudáveis*) program among 9th-grade students.

Background

IPV refers to any "behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours" (World Health Organization [WHO], 2013, p. 7). In the second half of the 20th century, especially since the 1960s, IPV has become more relevant, and in Portugal it has received the greatest attention since the beginning of the 1990s. IPV has not only immediate consequences in terms of physical pain or humiliation, but also long-term consequences such as loss of self-confidence, fear of expressing feelings, social isolation, loneliness, shame and guilt, uncertainty about one's own abilities, feelings and decision-making, and difficulty in maintaining healthy, long-term relationships (n.d). Due to the impact of this problem, there is a need to create projects that not only prevent violence but also promote healthy intimate relationships. The planning and implementation of intervention programs arise from the need to act through strategies that effectively raise awareness about the importance of healthy behaviors in intimate relationships and help individuals clarify and demystify the myths, beliefs, and stereotypes associated with them.

As Jardim and Pereira (2006) mention, programs refer to "an intentional and systematic intervention, resulting from the identification of the needs of a certain population or group, directed towards certain objectives, based on theoretical positions that give consistency and rigor to the action and aimed at satisfying the needs of the recipients" (Jardim & Pereira, 2006, p. 56).

Nurses, as qualified health professionals, have skills that enable them to develop interventions to address this health problem. They play an essential role in promoting healthy intimate relationships, raising awareness of how to identify situations of violence, and supporting people who are experiencing or have experienced violence.

Results from studies in a systematic review suggest that programs with longer term investments and repeated exposure to ideas implemented in different settings over time have better results than single awareness-raising or discussion sessions (Lundgren & Amin, 2015).

The PRIS program is designed to help 9th-grade students recognize violent behaviors, gain knowledge about healthy intimate relationships, and identify sexist behaviors in adolescents.

Sexism was initially defined as hostility towards women. However, research in this field has led to the expansion of the concept, with Swim and Hyers (2009) defining sexism as "individuals' attitudes, beliefs, and behaviors, and organizational, institutional, and cultural practices that either reflect negative evaluations of individuals based on their gender or support unequal status of women and men" (p. 407). This definition makes clear that sexism is not restricted to individual attitudes but can also be found in institutional practices and reflect a negative attitude (Barreto & Ellemers, 2013; Dovidio et al., 2010). Based

on these developments, sexism was divided into two categories: the traditional forms, also called hostile sexism (HS), and the new forms, or benevolent sexism (BS).
In its traditional form, sexism is an attitude that harms or discriminates against others on the basis of the inferiority and different roles of men and women. Traditional forms of sexism are associated with the concept of machismo, understood as a set of beliefs, attitudes, and behaviors that demonstrate the superiority of men over women (Gil Bermejo et al., 2021).
The new forms of sexism involve subtle gender discrimination, expressed through attitudes based on a stereotyped and limited view of women, but with a positive emotional tone toward those who receive them. Emphasis is placed on the protection of women by men and on the positive characteristics of women that logically complement those of men (Gil Bermejo et al., 2021; Ramiro-Sanchez et al., 2018).
Sexism is therefore a complex construct of gender differentiation with negative consequences for anyone who deviates from the beliefs of hegemonic masculinity, especially women (Gil Bermejo et al., 2021). Although gender equality is defended in the social and political sphere, sexist ideas still persist and are often associated with violence, especially against women. Unfortunately, this violence is occurring at increasingly younger ages, even in adolescence (Gil Bermejo et al. 2021; Vives-Cases, et al., 2019).
Authors such as Ramiro-Sánchez et al. (2018) consider that this public health problem is related to four factors - individual, relational, social, and community-related - and recommend an ecological approach to address it. Therefore, in order to influence the dynamics of violence, it is important to address individual and relational factors so that the other factors change (Rosales-Villacrés et al. 2021).

Hypothesis

The PRIS program increases knowledge about IPV and decreases levels of sexist beliefs among 9th-grade students.

Methodology

This study used a single-group pre-experimental design with an evaluation carried out at three time points: pre-intervention, immediate post-intervention, and 6-month follow-up. The non-probability sample consisted of 109 students in 9th grade of a school cluster in the central region of Portugal. Their mean age was 14.50 years (*SD* = 0.90), 53 (48.6%) were female and 56 (51.4%) were male.
Data were collected at three time points (pre-intervention, immediate post-intervention, and at 6 months) using a three-part questionnaire: characterization of the socio-economic aspects and the intimate relationships; the Knowledge of Intimate Partner Violence (CVRI, *Conhecimentos sobre Violência nas Relações de Intimidade*) scale with 48 yes/no items, where a higher total score indicates a higher level of knowledge among students (Leitão et al., 2013); and the Detection of Sexism in Adolescents (DSA, *Deteção de Sexismo em Adolescentes*) scale, validated for the Portuguese population by Fernandes et al. (2020). This Likert-type scale with 6 response options (1 - *strongly disagree*; 2 - *strongly disagree*; 3 - *disagree*; 4 - *agree*; 5 - *strongly agree*; and 6 - *strongly agree*) includes 16 items to measure HS and 10 items to measure BS. HS, BS, and total sexism traits are assessed by averaging the scores of the items included in each subscale or the total scale. Higher scores on the HS and BS subscales indicate sexist and stereotypical attitudes, while higher scores on the HS subscale reveal this belief with a clearly negative view and higher scores on BS reflect a subordinate view of women through supposed affection and protection (Fernandes et al., 2020).
The project was submitted to the Ethics Committee of the Health Sciences Research Unit: Nursing (UICISA: E) of the Nursing School of Coimbra (No. P297-08/2015) and received a positive opinion. Authorization to carry out the intervention was sought and obtained from the school cluster management. A request for permission to conduct the survey was submitted to the Ministry of Education's School Survey Monitoring System, and the National Data Protection Commission's approval requirements were met. Parents/guardians were informed of the program and asked to give informed consent for their children to participate. After receiving all positive responses and approvals, the program was presented to the 9th grade students and informed consent was obtained. The program was implemented over the course of one semester according to plans made with the teacher responsible for the Health Education Program at each school.
The intervention was developed by the researchers based on active, adolescent-centered methodologies, using activities (games, icebreakers, role-playing, mapping the consequences of violence, mapping risk and protective factors for victims and aggressors, menu for a healthy relationship), methods, and techniques that enabled them to reflect on their knowledge, feelings, and perceptions about their experiences and those of others, to (re)frame their knowledge and values, and thus to identify the possibility of change individually and collectively. The activities were mostly carried out in groups. The topics are listed in the table below.

Table 1

Themes and subthemes of the Promotion of Healthy Intimate Relationships program

Promotion of Healthy Intimate Relationships		
Theme	**Subthemes**	**No. hours**
Gender (In)Equalities	Concepts: sex and gender; Human rights; Construction of gender identity; Construction of social gender roles.	3
Violence in Intimate Relationships	Characterization: statistical data, nature of violence, cycle of violence; Causes, consequences and myths; Stages of the cycle of violence.	3
Healthy Intimate Relationships	Characterization; How to build healthy intimate relationships; Associated concepts: respect; assertiveness; communication.	3

Data were collected and analyzed by the researchers using IBM SPSS Statistics version 24.0. Appropriate summary statistics were calculated and the Friedman and Wilcoxon tests for paired samples were used to test the hypothesis for each of the scales. Post-hoc tests with Bonferroni correction were used. The Mann-Whitney *U*-test was also used to test differences between two independent groups.

Results

The three data collection time points included 109 students: 56 boys and 53 girls (Table 2). Their mean age was 14.5 years. Almost all were Portuguese. The majority were in a dating relationship and had not initiated sexual activity.

Table 2

Students' sociodemographic data and characteristics of their affective-sexual relationships (n = 109)

Variables		*n*	*%*
Gender	Male	56	51.4
	Female	53	48.6
Nationality	Portuguese	106	97.25
	Other	03	02.75
Dating relationship	Yes	91	83.49
	No	18	
Onset of sexual activity	Yes	19	17.43
	No	90	82.57
Age (years)	Mean ± *SD* (14.5 ± 0.91); range 6 (13 – 19)		

Note. *n* = Sample; % = Percentage; *SD* = Standard deviation.

Adolescents' knowledge of IPV was assessed using the CVRI scale (Table 3). The results showed that their level of knowledge was positive and increased with the help of the program, from 34.84 (Time point 1) to 39.27 (Time point 2). The mean knowledge score also increased after 6 months of the program (40.72), although the improvement was less than at the end of the program. It should be noted that the difference in knowledge between male and female adolescents remained at the three time points, with female adolescents showing better knowledge. The Mann-Whitney test showed that the difference between female and male students was statistically significant ($p < 0.001$) at each of the time points.

Table 3

Distribution of the level of knowledge about IPV (CVRI scale) at the three time points by gender and results of the Mann-Whitney U-test

		Time point 1		Time point 2		Time point 3	
		M ± *SD*	Median	M ± *SD*	Median	M ± *SD*	Median
CVRI_Total	**Total**	34.84 ± 6.99		39.27 ± 6.99		40.72 ± 5.30	
	M	32.28 ± 7.45	32	36.30 ± 7.63	38	38.44 ± 6.03	40
	F	37.53 ± 5.33	38	42.51 ± 3.20	43	43.20 ± 2.77	43
Mann-Whitney U-Test; Sig.		Z = -3.598; $p < 0.001$		Z = -5.209; $p < 0.001$		Z = -4.569; $p < 0.001$	

Note. *M* = Mean; *SD* = Standard deviation; *Z* = Mann-Whitney *U*-Test statistic; *p* = Significance of the test.

The Friedman test revealed statistically significant differences in the adolescents' knowledge between the three time points. The Wilcoxon test with Bonferroni correction was used to test for statistically significant differences at these time points. Statistically significant differences were found between time points 1 and 2 and between time point 1 and follow-up ($p = 0.00$), suggesting medium-term effects (Table 4).

Table 4

Results of the Friedman and Wilcoxon tests for the level of knowledge about IPV (CVRI scale) at the three time points

		Time points 1 and 2	Time points 1 and 3	Time points 2 and 3
	Friedman Test		Wilcoxon Test	
CVRI	$p = 0.00$	$Z = -4.874$	$Z = -6.80$	$Z = -0.81$
		$p = 0.00$	$p = 0.00$	$p = 0.66$

Note. *p* = significance of the test; *Z* = Value of the Wilcoxon Test.

Adolescents' sexist ideas and beliefs were assessed using the DSA scale. The results showed that female adolescents had lower total scale scores than male adolescents at the beginning of the program (mean: 2.43 and 2.73, respectively). Mean total DSA scores for both female and male adolescents decreased from the end of the program to six months later. It should be noted that female adolescents continued to have lower mean scores than male adolescents at these two time points (Table 5).

Mean scores on the HS subscale revealed that female adolescents had lower scores than male adolescents at all three time points and that scores decreased at Time points 2 and 3 for both genders. Regarding HS, adolescents had a higher score at the beginning of the program. At Time point 2, mean scores were the same for both genders (2.85), although the standard deviation was higher for adolescents. Six months after the end of the program, female adolescents had a lower mean score than male adolescents (Table 5).

The Mann-Whitney test showed that the difference between genders at the end of the program and at 6 months was statistically significant for overall sexist attitudes. The same test revealed statistically significant differences between female and male adolescents for HS at the three time points and no statistically significant differences for BS (Table 5).

Table 5

Distribution of the assessment of the Detection of Sexism in Adolescents scale (DSA scale) and its subscales - Benevolent sexism (BS) and Hostile sexism (HS) - by gender at the three time points and results of the Mann-Whitney U-test

		Time point 1		Time point 2		Time point 3	
		M ± *SD*	Median	M ± *SD*	Median	M ± *SD*	Median
DSA_Total	M	2.73 ± 1.01	2.65	2.60 ± 1 .01	2.73	2.53 ± 1.01	2.50
	F	2.43 ± 0.64	2.38	2.18 ± 0.71	2.06	1.94 ± 0.61	1.85
Mann-Whitney *U*-Test; Sig		*Z* = -1,343; *p* = 0,179		*Z* = -2.311; *p* = 0.021		*Z* = -2.960; *p* = 0.003	
DSA_HS	M	2.53 ± 1.10	2.59	2.45 ± 1.03	2.37	2.37 ± 1.09	2.37
	F	1.86 ± 0.66	1.69	1.76 ± 0.71	1.41	1.52 ± 0.55	1.25
Teste *U* Mann-Whitney; Sig.		Z = -2.909; p = 0.004		Z= -3.340; *p* < 0.001		Z= -3.859; *p* < 0.001	
DSA_BS F	M	3.06 ± 0.94	3.10	2.85 ± 1.06	3.00	2.79 ± 0.95	2.90
	F	3.33 ± 0.87	3.40	2.85 ± 0.89	3.10	2.60 ± 0.83	2.60
Mann-Whitney *U*-Test; Sig.		*Z* = -1.475; *p* = 0.140		*Z* = -0.060; *p* = 0.952		*Z* = -0.977; *p* = 0.328	

Note. *M* = Mean; *SD* = Standard deviation; *Z* = Statistic of the Mann-Whitney *U*-Test; *p* = Significance of the test.

The Friedman test was used to test for differences in adolescents' perceptions of BS, HS, and total sexism across the three time points. Statistically significant differences were found for total sexism and BS. The time points were compared using the Wilcoxon test and the Bonferroni correction factor. For total sexism, statistically significant differences were found between Time points 1 and 2 and between Time point 1 and follow-up; for BS, statistically significant differences were found between Time points 1 and 2 and between Time point 1 and follow-up (Table 6).

Table 6

Results of the Friedman and Wilcoxon test for the Detection of Sexism in Adolescents scale (DSA scale) and its subscales - Benevolent Sexism (BS) and Hostile Sexism (HS) - at the three time points

		Time points 1 and 2	**Time points 1 and 3**	**Time points 2 and 3**
	Friedman Test		Wilcoxon Test	
DSA_Total	*p* = 0.01	*Z* = -2.31 ***p* = 0.02**	*Z* = -2.84 ***p* = 0.01**	*Z* = -0.56 *p* = 0.58
DSA_BS	*p* = 0.01	*Z* = -2.94 ***p* = 0.00**	Z = -3.57 ***p* = 0.00**	*Z* = -0.75 *p* = 0.47
DSA_HS	*p* = 0.05	*Z* = -1.35 *p* = 0.17	*Z* = -2.04 *p* = 0.05	*Z* = -0.27 *p* = 0.79

Note. *p* = Significance of the test; *Z* = Value of the Wilcoxon Test.

Discussion

A single-group pre-experimental study was carried out with an evaluation at three time points - pre-intervention, immediate post-intervention, and at 6 months - to assess the effectiveness of the PRIS program with 9th grade students. The results indicate that the program is overall effective because adolescents' knowledge increased and their sexist beliefs decreased with the implementation of the program, a situation that was maintained at follow-up. The effectiveness of the program may also be associated with the use of participatory teaching-learning strategies through which adolescents acquire competencies in the areas of "knowing, "wanting, and "doing. Based on this gradual process of empowerment, they achieve greater control over their decisions and actions, as Vives-Cases et al. (2019) considered for the implementation of their project.

Similar conclusions were reached by Neves et al. (2023), who argue that participatory and digital methodologies in schools increase young people's awareness of the structural nature of the use of violence in dating relationships and its impact on individuality and personal growth. The use of participatory and group learning techniques promotes the involvement of adolescents in activities, as they encourage dialogue and active participation, promoting a more holistic development (Vives-Cases et al., 2019). The authors emphasize that group learning develops

abilities for support, social interaction, and respect, that is, positive relationships.

It should be noted that there was a positive and statistically significant improvement in adolescents' knowledge of IPV both during program implementation and at 6 months. However, the improvement was less in the 6 months after the program ended. These findings are consistent with the arguments of Vives-Cases et al. (2019), who state that psycho-educational interventions usually have a small to moderate effect size or a ceiling effect when the level of knowledge at baseline is positive.

The higher mean levels of knowledge about IPV among adolescents at all time points are consistent with those found in other studies (Pérez-Martínez et al., 2021; Sanz-Barbero et al., 2022; Valvidia-Salas et al., 2023).

These positive results are also relevant because the program was implemented with younger adolescents. Based on references from other authors, Valdivia-Salas et al. (2023) point out that intervention programs aimed at promoting healthy intimate relationships should be implemented at an early age, before girls and boys transition from group activities to exclusive dyadic activities in the development of their intimate relationships. It is in this age group that the differentiation of gender roles intensifies and other ways of thinking and acting in building intimate relationships emerge (Lundgren et al., 2015).

The gender differences in sexist ideas and beliefs (more for female than for male adolescents) indicate that the program made the participants aware of the attitudes and values underlying behaviors that reveal sexism The fact that mean scores decreased throughout the program confirms its effectiveness. This difference can be explained by the approach used, since it included activities in which those attitudes and values were applied by the adolescents to train specific skills, which, according to Stanley (2020), can increase the effectiveness of the program. These results are consistent with those obtained using in the program developed by Sanz-Barbero et al. (2022), who found a significant decrease in BS among female adolescents.

This reduction in sexist ideas and beliefs is relevant because attitudes, beliefs and behaviors of BS are related to the acceptance of violence and the maintenance of traditional gender roles, mainly by women, as Sanz-Barbero et al. (2022) point out. In turn, Pérez-Martínez et al. (2023) found that these attitudes are more prevalent among male adolescents.

The analysis of the patterns of behavior between female and male adolescents showed that, despite the statistically significant differences, there was no substantial change in the mean levels of sexism among male adolescents compared to female adolescents. These results can be explained by the perception that male adolescents are less receptive to change due to the questioning of the concept of hegemonic masculinity and the perception of the consequent loss of privileges based on gender, as Sanz-Barbero et al. (2022) also point out.

The three areas related to intimate relationships - gender (in)equality, violence and healthy relationships – that were addressed in the PRIS program were considered appropriate not only to improve adolescents' knowledge of gender equality and violence, but also to make them rethink their beliefs about sexism and intimate relationships, particularly between people of different genders. The maintenance of these results at follow-up can be attributed to the active and group methodologies, which revealed a high level of interest and participation from nearly all of the adolescents. The gender balance within the groups was also a positive factor because it facilitated interaction and dialogue between adolescents of both genders throughout the program, which may have fostered novel approaches to these issues after the program ended.

Limitations include the use of a non-probability sample and the lack of assessment of the cultural and ethnic aspects of the context.

Conclusion

The PRIS program proved to be effective because adolescents' knowledge of IPV increased and sexist beliefs and ideas decreased during the program and at follow-up.

The positive change in adolescents' knowledge of IPV and the decrease in sexist beliefs and attitudes indicate that participatory educational interventions involving group work can help adolescents learn to build healthy intimate relationships with greater involvement and emotional commitment.

It can be concluded that the program should be implemented with younger adolescents to help them to build healthy intimate relationships and have egalitarian attitudes and respect for others in their daily lives, especially in intimate relationships. The replication of the PRIS program in adolescent populations from different geographical contexts and the dissemination of its results are relevant to its validation, thus contributing to its improvement and robustness. Given the differences in sexist beliefs by gender, it would also be important to carry out activities only with male adolescents and others only with female adolescents, since the methods used did not prove equally effective for both genders. It is important to consider the gender-specific findings in the literature on IPV and sexism when making these distinctions in interventions.

In the future, the strategies used in the various sessions of the program should focus on the active, involved, and collaborative participation of adolescents through dynamic activities and techniques that are close to their experiences and lives. Interactive technologies and games should be used whenever possible.

One limitation is the short follow-up after the intervention (6 months), which makes it impossible to assess if the intervention affects sexism over time or if it affects how violence is committed or experienced in the future. Given that the most promising interventions seek to build social, economic, and health assets, longitudinal studies are needed to determine the likelihood of reducing IPV over time. Ultimately, the only way to demonstrate effectiveness is to show that participants commit or experience fewer acts of violence than a similar group of control subjects.

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Author Contributions
Conceptualization: Silva, A. M., Moreira, I. M., Leitão, M. N., Veríssimo, C. M., Sá, M. C., Fernandes, M. I.
Data Curation: Silva, A. M.
Formal Analysis: Moreira, I. M., Leitão, M. N., Veríssimo, C. M., Sá, M. C., Fernandes, M. I.
Investigation: Silva, A. M., Moreira, I. M., Leitão, M. N., Veríssimo, C. M., Sá, M. C., Fernandes, M. I.
Methodology: Silva, A. M.
Project Administration: Leitão, M. N.
Resources: Moreira, I. M., Veríssimo, C. M., Sá, M. C., Fernandes, M. I.
Supervision: Moreira, I. M., Fernandes, M. I.
Validation: Veríssimo, C. M., Fernandes, M. I.
Visualization: Sá, M. C.
Writing – Original Draft: Moreira, I. M., Leitão, M. N., Fernandes, M. I.
Writing – Review & Editing: Moreira, I. M., Fernandes, M. I.

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