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COMMUNICATION AND ADOLESCENT MASCULINITIES AROUND UNINTENDED PREGNANCY. A COMMUNICATIONAL ANALYSIS OF THE PLAN ENIA

Comunicación y masculinidades adolescentes en torno al embarazo no intencional. Un análisis comunicacional del Plan ENIA

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Abstract

The National Plan for Adolescent Unintentional Pregnancy (ENIA) is a joint strategy of the Argentine State to intervene on the problem of adolescent pregnancy. Immersed in the field of communication and health and with a masculinities approach, we carried out an analysis of different communicational supports to account for the intervention strategies on the problem. For this, we seek to account for the approach to sexual initiation, peer relationships and health promotion for men. Taking into account the guidelines of the plan, we can infer the male population is relegated to the detriment of the specific actions that women must carry out. In the graphic pieces, health promotion for men focuses on the use of condoms and on the problem of premature ejaculation at the beginning of sexual intercourse. However, comprehensive sexuality education is an essential tool to address the problems of masculinities, since through different curricular activities it is sought to unravel and problematize the device of masculinity.

Keywords: Communication, sexual health, sexual and reproductive rights, adolescent pregnancy, masculinity, public politics, State

Resumen

El Plan Nacional de Embarazo no Intencional Adolescente (ENIA) es una estrategia conjunta del Estado Argentino para intervenir sobre la problemática del embarazo adolescente. Inmersos en el campo de la comunicación y la salud y con un enfoque de masculinidades, realizamos un análisis de distintos soportes comunicacionales para dar cuenta de las estrategias de intervención sobre la problemática. Para ello, observamos del abordaje de la iniciación sexual, la relación con pares y la promoción de salud para varones. A partir de los lineamientos del plan, podemos inferir que la población masculina queda relegada en detrimento de las acciones concretas que deben realizar las mujeres. En las piezas gráficas la promoción de la salud para los varones se centra en la utilización del preservativo y en el problema de la eyaculación precoz en el inicio de las relaciones sexuales. Sin embargo, la educación sexual integral es una herramienta indispensable para abordar las problemáticas de las masculinidades, pues a través de distintas actividades curriculares se busca desentramar y problematizar el dispositivo de la masculinidad. Por otro lado, existen asesoramientos de salud en escuelas que tiene la potencialidad de intervenir en zonas donde los varones transitan su cotidianeidad, colaborando a un mayor acercamiento de ellos a los servicios de salud.

Palabras clave: Comunicación y salud, salud sexual, derechos sexuales y reproductivos, embarazo adolescente, masculinidad, políticas públicas, Estado

1. INTRODUCTION

In a significant part of public policies at different levels of government, the problem of teenage pregnancy is usually addressed to women. For this reason, policies, plans and communication campaigns are largely directed towards women, placing the burden of preventive care on them, while, conversely, men seem to occupy a lesser place of responsibility¹. In fact, in vital statistics indicators, adolescent fertility rates are measured on the female population, which could lead to the assumption of optional paternity and leaves out data that could include men in the problem. In the same vein, efforts to prevent pregnancy through the use of contraceptives promote making the options more attractive to women, with special emphasis on long-acting contraceptives.

While it is true that women are most at risk during adolescent pregnancy due to the complications of early pregnancy, resulting in higher rates of maternal morbidity and mortality (Conde-Agudelo et. al., 2005), a holistic intervention requires comprehensive sexuality education for boys. Issues such as fatherhood, sexual initiation of males, ways of relating to their peers, coercive behaviours, partner control and negotiation of contraceptive method use, to name a few, are often neglected.

In recent years, there has been a need to incorporate a focus on masculinities in public health policies in general and sexual health policies in particular, in order to understand what is happening to men and how they can be incorporated. The relationship that men - particularly heterosexual cis² males-

¹ It was not until 1994, at the International Conference on Population and Development, that a call was made to nation states to encourage male participation.

² Cis is a neologism of the term introduced in 1991 by the German psychiatrist and sexologist Volkmar Sigusch (1940), who used the neologism "zisexuell" (cissexual) in an arbitration process. We chose this way to name

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have with health processes can be considered a risk to themselves and to others due, among other things, to the particular gender stereotypes and forms of socialisation that they develop under the mandate of masculinity. In this framework, taking into account the complexity of factors that affect the exercise of sexual health, we ask ourselves about the way in which we can place adolescent males in the processes of sexual and reproductive health on the basis of the guidelines of the National Plan for the Prevention of Unintended Adolescent Pregnancy (ENIA) in Argentina. Far from proposing an exclusive focus on the needs and preferences of males in terms of sexual health, we seek to complement this with a focus on masculinities and to learn about the strategies that are currently being implemented to promote a more egalitarian and equitable exercise of sexuality and (non-) reproductive rights.

The ENIA Plan is an effort of the Ministries of Health, Education and Social Development of the Argentinean national government to intervene in a multidimensional way, with a focus on rights, gender and social equity on adolescent pregnancy in the country. The implementation of the Plan formally began in mid-2017 and according to data from the Directorate of Health Statistics and Information (DEIS) and the Perinatal Information System (SIP) strategic areas were prefigured to carry it forward with greater urgency.

Due to the high rates of teenage pregnancy per thousand inhabitants, these regions were the Northeast of Argentina (NEA), where up to 82.5 per thousand are observed in Formosa, 82 per thousand in Chaco and 81.4 in Misiones, and Commune 8 of the Autonomous City of Buenos Aires (CABA), where up to 40.24 per thousand were recorded. However, it is expected that all provinces will incorporate this plan due to its multisectoral spirit. To address the problem, the plan has four strategic objectives, each with its corresponding lines of action:

- Raise awareness among the population in general and adolescents in particular about the importance of preventing and reducing unintended pregnancy in adolescence.

- Improve the supply of sexual and reproductive health services in terms of availability, accessibility, quality and acceptability of services.
- Promote informed decisions by adolescents to exercise their sexual and reproductive rights.
- Strengthen policies for the prevention of abuse and sexual violence and for access to Legal Termination of Pregnancy (ILE) according to the current regulatory framework.

One of the fundamental axes of the plan is to generate the conditions to guarantee adolescents' access to health services for a full and informed exercise of their sexual and reproductive rights. In this way, it seeks to raise awareness among adolescents about the importance of preventing and reducing unintended adolescent pregnancy.

The Plan takes up two strategies to reach adolescents in school; on the one hand, comprehensive sexual education (ESI) and on the other hand, work with adolescents through comprehensive health counselling (ASIE) in secondary schools. As we argued above, in general, the efforts made for the promotion of sexual health have women as the target population and the participation strategies

people who identify with their sex-gender assignment at birth.

rarely contemplate the inclusion of men in the programmes. According to Figueroa and Sánchez (2000), the fact of constructing socio-demographic variables centred on women in order to interpret the reproductive behaviour of this group means that public policies and government programmes focus their efforts on the regulation of women's fertility. Thus, we question whether this plan tends to promote what women should do to avoid becoming pregnant or whether it adopts a perspective in which men are a constituent and inseparable part of the problem.

2. OBJECTIVES

Based on what was stated in the previous section, we set out the following objectives within the limits of this work:

General Objective: To analyse how the Argentine State constructs the problem of unintentional teenage pregnancy and what place males occupy in it.

Specific objectives: To analyse sexual initiation and its pressures in the media.

To analyse the relationship between boys and their peers in the media.

To describe specific strategies for promoting male participation in sexual and reproductive health.

3. METHODOLOGY

In order to carry out the analysis we used as inputs the guidelines of the plan, the leaflets, the manual for the implementation of counselling in schools and the contents of ESI corresponding to the ENIA plan available on the website of the Ministry of Health of the Nation in the resources section of the plan. Thus, we conducted an in-depth analysis of each of the objectives proposed by the plan, in order to understand how the Argentine State constructs the problem of teenage pregnancy and to analyse the place of adolescent males in this framework. On this basis, we examined the approaches of the aforementioned communication media in order to observe what they say about male sexual initiation and its pressures, the use of contraceptive methods and the ways in which men negotiate, their relationships with their peers, taking into account the specific dynamics of gender socialisation, and the specific strategies for promoting male participation in sexual and reproductive health.

The state constitutes an actor with a high degree of centrality based, among other things, on the setting of public policies and the monopoly of the legitimate use of physical and symbolic force (Bourdieu, 1997; García, 2008; Gramsci, 1984). Every time the state establishes a policy, it takes a position on conflicts and universalises this positioning, contributing to the materialisation of a social order (Bourdieu, 1997; Dos Santos, 2011; García Linera, 2008; Gramsci, 1984). Hence the importance of paying attention, on the one hand, to the policies that the different levels of the State plan and execute; and, at the same time, of observing the communicational processes that stand out in these health policies, given that the fulfilment of their purpose depends, to a large extent, on prevention and health promotion policies that always involve aspects related to communication (Díaz and Uranga, 2011).

It is within this framework that it is of interest to investigate the ENIA plan with a focus on

masculinities from the field of communication and health. At the beginning of this articulation, communication sought to generate efficient messages from health professionals in order to achieve changes in the behaviour of the target populations. A shift in the way of looking at communication and a reconceptualisation of health led to a new way of understanding this conjunction of fields (Díaz, 2011; Cuberli, 2008). Thus, communication can be considered as "a process of production, exchange and negotiation of meanings and symbolic forms from which subjects and communities can recognise themselves, account for their past, their place in society and their expectations for the future" (Lois, 2013). On the other hand, with respect to health, the social character of health is beginning to be highlighted, imbricated in a more complex process of health-illness-care that would have multiple analytical dimensions incorporating political, economic, social, cultural, environmental, behavioural and biological factors (World Health Organisation, 1986).

In general terms, then, we can highlight two approaches that have guided research on communication and health (Cuberli, 2008). An instrumental approach where communication plays an ancillary role in the fabric of health, which seeks to influence behaviour through effective messages, and another processual approach in which communication is a constituent part of the health-illness-care process. Within this dual perspective, which implies two different ways of interpreting, analysing and intervening in the social world through communication, we studied the ENIA Plan as a public policy on sexual health, seeking to unravel the complex relationship between sexuality, gender and masculinities in its communication supports for the prevention of teenage pregnancy.

We incorporate the analytical category of gender for the analysis of health-illness-care processes in order to account for the inequalities produced in people's ways of dealing with health. This category shows how certain roles are socially and historically attributed to men and women - based on the dichotomous division of sex - and how in this relationship, women and - other identities - occupy a subordinate position. From Butler's (1999) reading, we can speak of the notion of gender performativity as those practices that configure and prefigure a series of socially expected effects for women and men that are produced and reproduced in specific historical and social frameworks. A reconceptualisation of sex and sexuality (Foucault, 1987) accounts for the cultural and historical character that these categories also possess, complexifying and straining the idea of the nature of sex as determined by genitality, i.e. that gender produces sex, and both are produced through discursive practices (Fabbri, 2019).

This way of recategorising the relationship between sex and gender provides valuable insights for the study of masculinities. Here we can also pause to review the analytical implications of this category. We agree to follow a study trend that invites us to think of masculinity as a power device, that is, a set of discourses and practices through which subjects born with a penis are produced as males (Fabbri, 2021). On this basis, the concept of masculinity dialogues with the category of gender performativity and with the social production of sex and sexuality, as it offers a horizon of how males should be in our system of values and beliefs. But at the same time, it incorporates the multiple ways of being a man, of appropriating masculinity, and shows that not all of them are the desired result of this device.

For the analysis of the different communication media of the ENIA plan, we chose to use the technical documents and leaflets issued by the plan, available on the website of the Ministry of Health of Argentina. In this way, we selected the official document of the ENIA plan, thirteen brochures on

different topics, the proposals for Comprehensive Sexual Education Content (CSE) within the framework of the plan, the contributions for the implementation of Comprehensive Health Counselling in Schools (ASIE) and the process of installation of the device. In each of these documents, the issue of unintended adolescent pregnancy is presented and the guidelines and objectives of each of the supports are developed. On the other hand, we decided to take into account the aspects that stand out in research on men, sexual health and reproductive health in Latin America (Díaz et. al., 2020), so we focused on the issue of sexual initiation, the use of contraceptive methods and forms of negotiation, relationships with their peers, taking into account the dynamics of gender socialisation and specific strategies for promoting male participation in sexual and reproductive health. We seek to understand each of these aspects by taking into account the relationship between masculinity, gender and sexual health.

4. DISCUSSION

4.1. A proposal for state intervention against unintentional teenage pregnancy: the ENIA Plan

The official document of the ENIA PLAN, which was created in 2017, presents the problem of teenage pregnancy in Argentina while determining the guidelines, approaches and directives that make up the meaning of the plan. At the same time, it sets out the objectives and lines of action to intervene on the problem. This document is the starting point for the analysis, as we can see the construction of unintentional teenage pregnancy as a problem that requires state intervention and proposals to modify the current state of the problem. Thus, the text begins by describing the consequences of teenage pregnancy, focusing on the impact on women's lives. Thus, it argues that "pregnancy and/or motherhood in adolescence reinforces trends towards the interruption of schooling, precarious insertion in the labour market and the intergenerational reproduction of poverty, as well as having an impact on the health of adolescents" (Ministry of Health of Argentina, 2017, p. 9).

Then, referring to the impact on the world of work of adolescent boys, the document states that "pregnancy at an early age places young people in front of the need to generate an income to support the new family nucleus" (Ministry of Health of Argentina, 2017 p. 10). It is worth noting that, according to the data provided in the document, the violation of rights to education and work affects adolescent women more severely.

The document approaches teenage pregnancy from a social determinants perspective, highlighting structural determinants related to the level and distribution of income, educational climate, social capital, and ethnic and gender inequalities (Ministry of Health of Argentina, 2017). Furthermore, it is added that:

The possibilities of access to health services (including modern contraceptive methods) and social inclusion in their neighbourhoods of residence, as well as the existence of opportunities to enhance their autonomy and decision-making power and the guarantee of their human rights are also highlighted as relevant determinants of unintended adolescent pregnancy (p. 9).

On the other hand, according to the proposals of the World Health Organization (WHO) and the

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United Nations Population Fund (UNFPA), sexual initiation, the use of contraceptive methods and the interruption of pregnancy are considered factors that affect adolescent pregnancy, so that "intervening on these variables would generate changes in fertility levels" (Ministry of Health of Argentina, 2017 p.12). When these variables are presented in the ENIA plan document, data from the National Survey on Sexual and Reproductive Health (ENSSYR) are shown, excluding information on men. Thus, the focus is on the age of sexual debut and women's participation in contraceptive decision-making. The guidelines argue that "the earlier a woman's sexual initiation, the greater her exposure to becoming pregnant" (Ministry of Health of Argentina, 2017 p.16) and add that "9 out of 10 of women aged 14-19 years who are users of MAC³ have had a leading role in the choice of MAC" (Ministry of Health of Argentina, 2017 p. 9).

If we review the ENSSYR we can see in the report the existence of data referring to the ages of sexual initiation and the use of MACs by males, however, the document omits these results, leaving aside male participation and focusing its attention on what women should do to prevent pregnancy. This approach is reinforced in the methodological annex where the hypothesis is presented that "as more adolescents are effectively protected with modern contraceptive methods, the number of unintended pregnancies in adolescence will be reduced" (Ministry of Health of Argentina, 2017 p. 49), strongly reinforcing the notion of female responsibility in teenage pregnancies and ignoring the importance of incorporating men in this issue. In line with Figueroa and Sánchez (2000), "the secondary presence of men in the analysis of reproduction has had consequences in the reductionisms that are generated when interpreting certain moments of reproduction, but also in the type of policies and programmes that are defined to try to regulate it" (p. 63).

In the same sense, the ENIA plan has among its objectives to improve the distribution of contraceptive methods throughout the country. We see that in the lines of action, efforts focus on incentives for the use of long-acting reversible contraceptive methods for women, with an emphasis on the IUD and the subdermal implant. Another line of action refers to the promotion of condom use with the objective of empowering adolescents to make informed decisions in the exercise of their sexual and reproductive rights. It should be noted that vasectomy is not even mentioned in this plan. Thus, by action or omission, adolescent males seem to be excluded from the plan's guidelines, excluding certain socio-demographic variables that could enrich the programme's lines of action.

Furthermore, we would like to highlight that, although boys make very little use of health services, it could also be these services that exclude male participation. As Tajer, et. al. (2016) argue, the health sector reproduces the logic of body care only for adolescent women and secondarily includes men, particularly in terms of biological reproduction. This logic makes it difficult to think about the problem of unintended adolescent pregnancy in a comprehensive way, incorporating men into this problem.

We will not be able to answer here the dilemma as to whether sexual health services are the ones that expel men or whether it is men who, due to multiple conditioning factors - among them the masculinity device - exclude themselves from the services. But we can infer, taking into account the general guidelines of the ENIA plan, that the male population is relegated to the detriment of the concrete actions that women should carry out in the prevention of unintentional adolescent

³ The acronym MAC stands for contraceptive methods.

pregnancy. However, this plan is based on the theory of change⁴, which opens up possibilities for incorporating lessons learned during its implementation. In addition, the ENIA plan is complemented by comprehensive health counselling, comprehensive sexuality education and a series of audiovisual graphic productions that attempt to broaden this perspective, as we will see in the following sections.

4.2. ENIA communication campaigns through institutional brochures.

In order to intervene on the problem of teenage pregnancy, the ENIA Plan seeks to raise awareness among the population in general and adolescents in particular about the importance of preventing and reducing unintended pregnancy in adolescence. For this reason, its lines of action "include a social communication campaign with multiple strategies, formats and messages in order to promote the attitudinal and cultural changes necessary to ensure the best opportunities for personal development" (Ministry of Health of Argentina, 2017: p. 34). For the purpose of observing this objective in this paper, we decided to select the graphic materials available on the website of the Ministry of Health and analyse them with a focus on masculinities. In general, the brochures are aimed at a broad adolescent audience. The images and drawings of adolescents show diverse populations, with multiple sexual orientations, showing that the scope of the brochures is intended to be massive and without discrimination, as assumed by the general guidelines of the plan and in accordance with the current regulatory framework⁵ in our country in terms of sexual and reproductive health. Of the thirteen visual supports analysed, six of them deal with the theme of the use of contraceptives for safe and careful sexual relations and the remaining ones are divided into themes related to the promotion of rights, health participation and sexual initiation.

⁴ According to the documents on the implementation of the plan, the theory of change is a tool for analysing a given issue and identifying causal lines that produce certain outcomes. It is an action-thinking approach that helps to identify milestones and conditions that need to be in place on the path to the change you want to bring about.

⁵ Law 25.673 (2002) on the creation of the National Programme for Sexual Health and Responsible Procreation seeks to promote the sexual health of adolescents and to guarantee the entire population access to information, guidance, methods and services related to sexual health and responsible procreation. In addition, Law 26.061 (2006) on the Comprehensive Protection of Children and Adolescents establishes the interdependence and connection between both legal frameworks as part of the comprehensive protection of children and adolescents.

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Figure 3: Condom use promotion brochures
Source: National Ministry of Health

In this sense, the leaflets seek to promote the exercise of sexuality according to the preferences, possibilities, tastes and needs of each person. A distinctive visual identity is observed through the logos of the participating institutions (Ministry of Health and the Presidency of the Nation) and a specific chromatic range that harmonises the productions. A common element in all the leaflets is the "0800 sexual health"⁶ number as a direct way to consult all kinds of doubts about sexuality and to promote free access to contraceptives in public hospitals and health centres. The use of condoms as a contraceptive method and to avoid sexually transmitted infections appears, regardless of the subject matter, in all publications. The promotion of healthy sexual habits aimed strictly at men in the flyers emphasises the use of this method (see Figure 1). Considering the mandates of masculinity

⁶ The 0800-222-3444 line is a national, free and confidential sexual and reproductive health hotline that provides comprehensive information to the entire population.

that imply a male always willing to have sex, it seems necessary to promote the use of condoms, as it is mainly men who refuse to use them for cultural reasons (Arraes et al., 2013).

In this regard, we can cite a study conducted in the triple border of Argentina, Paraguay and Brazil, the results of which showed that men have a low predisposition to use condoms during their first sexual intercourse (Priotto et al. 2018). However, research carried out in Mexico and Peru proposes the coexistence of models of sexuality in what the authors call "new masculinities", which tensions elements of dominant masculinity with conceptions of respect and love and which favour the use of condoms and other contraceptive methods (Ramírez and Gutiérrez, 2011). Consequently, it seems necessary to work on the device of masculinity to problematise these cultural mandates about "being a man" in order to complement the strategy carried out in these communicational supports.

With regard to the sexual initiation of adolescents, the leaflets present contraceptive methods and highlight the importance of consent, enjoyment and, above all, of taking care of oneself to prevent sexually transmitted infections or unintended pregnancies. When the topic of male initiation is addressed, it is done through the question "what is premature ejaculation?" and they propose to disassociate it from a health problem and attribute it rather to nerves and anxiety during the first encounters (see Figure 2).



Figure 2: Men's initiation brochures
Source: National Ministry of Health

According to Jones (2010), male sexual initiation among cis heterosexual men is permeated by peer pressures, especially those aimed at ratifying masculinity through sexual relations. In this sense, one of the unaddressed dimensions refers to the promotion of assertive attitudes of care to face consensual sexual initiation that tend to dispute social meanings about the mandates of masculinity and its consequent relationship with increasingly early and unprotected initiation.

According to the analysis of the graphic supports, we can see that health promotion for men focuses on the use of condoms and on the problem of premature ejaculation at the beginning of sexual relations. However, we can see in the promotion of contraceptive methods specific actions for women on how to take contraceptive pills, when to take emergency contraception or, more recently, how to legally terminate a pregnancy. In this sense, and without abandoning the comprehensiveness of the approaches, it is necessary to know more in depth the demands of men to health services in order to promote actions aimed at questioning those cultural mandates that expose themselves and third parties to risky situations.

4.3. A proposal for intervention in the classroom: Comprehensive Sexuality Education

The third of the strategic objectives to intervene on unintended adolescent pregnancy is about empowering adolescents to make informed decisions in the exercise of their sexual and reproductive rights. Thus, the State aims to ensure that adolescents in school receive up-to-date and evidence-based information on CSE activities. CSE seeks to strengthen institutions through intervention in the classroom with objectives aimed at promoting conscious decision-making in relation to the care of one's own body, interpersonal relationships, the exercise of sexuality and the rights of children and adolescents. In this way, the school is given a central place as a space for the transformation of cultural bases and the promotion of initiatives oriented towards gender equality⁷. Regarding the proposed contents, the document on comprehensive sexuality education states that:

Comprehensive Sexuality Education in schools incorporates psychological, social, affective and ethical aspects into the biological dimension. Likewise, the concept of comprehensiveness means that not only should information be transmitted, but it is also necessary to promote competencies and capacities that facilitate its critical use (Ministry of Education of Argentina, n.d., p. 10).

The depth and complexity of the guidelines and modalities of intervention of CSE would exceed the scope of this article, therefore, we chose to select one of the technical documents on proposals and classroom activities for secondary schools, provided for in the ENIA plan. According to the document itself, "a specific project is implemented to work on the reduction of unintended pregnancy in adolescence and the fulfilment of sexual and reproductive rights that are part of the ESI Curricular Guidelines" (Ministry of Education of Argentina, n.d., p. 5). In general terms, the activities proposed for the different curricular areas include rethinking the ways in which adolescents relate to their peers, promoting the use of contraceptive methods and disseminating the regulatory framework that legislates and protects children and adolescents.

This technical document deepens the questioning of established gender relations and presents itself as a favourable tool for addressing the problems of masculinities in sexual health. In fact, we can find among the guidelines a direct allusion to the promotion of male participation in sexual health, an issue that is only briefly addressed in the other documents analysed. Thus, they maintain that "the incorporation of men into information on sexual health and reproductive health and the promotion of

⁷ However, it should be noted that its application in Argentina has been met with a great deal of resistance from conservative sectors that oppose its implementation.

non-violence against women would contribute to improving women's health and reducing unintended pregnancies" (Ministry of Education of Argentina, n.d., p.8), reducing women's exclusive responsibility for sexual health care.

One of the curricular activities envisaged focuses on the promotion of free sexual initiation, by choice and without coercion. Social pressure for sexual initiation can be counterproductive, as it implies disrespect for the rights of the other person. This is aggravated when such social pressure on men is promoted as a way of sustaining masculinity, and can lead to sexual harassment or abuse. This is why it is necessary to rethink the device of masculinity that assumes that, in the socialisation of men, women and femininities should be at our disposal (Fabbri, 2021).

Within the framework of CSE, the promotion of contraceptive methods constitutes a curricular content that seeks to be addressed in a comprehensive manner, taking into account the exercise of rights, the affective dimensions and gender equality. Therefore, a fundamental premise that will guide the activities is to encourage "the commitment of men to participate in safe sexual practices and contraception, in order to reduce the gender gap" (Ministry of Education of Argentina, n.d., p. 8). On this basis, it is argued that the conditions of women's sexual and reproductive lives would improve significantly if decisions were made jointly and consensually within the couple, suggesting that gender conditioning factors in relationships between individuals and possible situations of violence should be taken into account.

Peer relationships are also addressed in CSE with the aim of promoting communication skills that favour more equitable and egalitarian forms of bonding. Once again, the male is central in the approach to this dimension, where it is argued that "it is common for adolescent girls to confuse complaints, jealousy, demands for sexual relations, invasion of their privacy or control of their activities, decisions and relationships, with a sign of interest on the part of their partners" (Ministry of Education of Argentina, n.d., p. 20). The activities proposed on this theme problematise and question those subtle actions carried out by adolescents that limit women's autonomy. But, in addition, the practices that limit the autonomy of adolescents are not only crystallised in couples, but also in violence towards other people because of their sexual orientation. De Stéfano Barbero (2017) argues that "homophobia, as a specific form of violence, is closely linked to the construction, maintenance and control of masculinity" (p. 24). The importance of addressing peer relationships through gender socialisation is of immeasurable importance when considering the promotion of gender equality.

Finally, CSE aims to address the cultural naturalisation that associates baby care with motherhood and seeks to focus its efforts on questioning these mandates by incorporating the issue of fatherhood. Thus, CSE stands as a cornerstone in the treatment and specificity of men, without leaving aside comprehensiveness and the need to think relationally about interventions. In this sense, promoting the effective implementation of comprehensive sexuality education is a pending and necessary task in the comprehensive approach to the prevention of teenage pregnancy and in promoting the incorporation of men in sexual and (non-) reproductive health.

4.4. Integrating education and health institutions: Comprehensive health counselling in schools

Within the framework of the ENIA Plan, the strategic objective was established as the need to

promote and strengthen the supply of sexual health services and enhance the informed decisions of adolescents to exercise their rights. In this way, we sought to expand the pilot experiences of the Comprehensive Health Advisories (ASIE) that had begun to operate during 2016, as one of the privileged strategic ways to achieve these objectives. This is why we decided to use the document on the guidelines for the implementation of the ASIEs and another document on the evaluation of the implementation during 2019 as input for the analysis. These advisories are a device designed to overcome the barriers experienced by adolescents towards health systems. The aim is to bridge this gap through a specialist working in health centres and schools, with the objective of building a bridge between the two institutions. Among the guidelines that guide the consultancies we can highlight the approach to health promotion in broad terms, the perspective of rights, gender and diversity. In addition, this device crystallises "intersectoriality as a field of practice and interdiscipline as a field of knowledge production and approach strategies" (Ministry of Health of Argentina, 2018 p. 19).

Although the counselling is not a space specifically designed for men, it has the potential to intervene directly in areas where men go about their daily lives, thus helping to bring them closer to health services. A study carried out on the evaluation of ASIE experiences highlighted that "in general terms, men represent approximately half of the counselling sessions in relation to the number of those attended by women" (Beccaria et. al., 2020 p.29). Although participation continues to be lower, it is clear that these spaces for promotion and reflection are an indispensable tool for male participation. As stated in the document, "counselling would help to bring men closer together" (Beccaria et. al., 2020 p. 30).

As we have seen in this journey, men's sexual health understood from a gender perspective has specificities that include inequitable exercises of power, violence and risk practices that need to be addressed. For example, in the health services of the Argerich Hospital in Argentina, an investigation showed that they only appear "consulting for problems linked to the demand for sexual performance as a value of hegemonic masculinity and do not participate at the levels of prevention and care of sexual health" (Tajer et. al. 2016, p. 224). Research carried out in Chile recommends strengthening intersectoral work and incorporating a focus on masculinities in order to reduce the barriers to health care for male adolescents (Obach et. al. 2018). Along the same lines, research in Uruguay argues that it is necessary to know the sexual health needs, conducts and behaviours of men in order to develop policies and services that seek to address these problems and requirements (Coates et. al. 2020). Thus, these spaces provide and evidence the need to debate the desires and needs of adolescents, taking into account the subjective and cultural differences of young people. In addition to this, it is necessary to bring health services closer to boys while promoting reflection on what it means to be a man in terms of masculinity.

5. CONCLUSIONS

Throughout this paper we have analysed in depth the discursive and communicational strategies of the Argentinean state to intervene in the problem of unintentional teenage pregnancy. In this way, we set out to understand the place of men in this problem and how the state, as an actor with an important degree of centrality in society, constructs the problem of teenage pregnancy. Taking into account the articulation between the field of communication and health, we decided to analyse different communicational supports taking into account the relationship between sexuality, gender and masculinities, observing how state interventions in this problem are materialised.

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For this reason, we first looked at the document that determines the guidelines and directives of the plan, and then went on to analyse the graphic supports, the proposal of curricular content for comprehensive sexuality education and the documents of the guidelines and evaluations of comprehensive counselling in schools. All of these are documents that give shape to the Unintended Adolescent Pregnancy Plan.

We believe that by focusing on the communicational and symbolic dimension of public policies, we are able to account for the strategies of the Argentine State to intervene in the problem of unintentional teenage pregnancy and to analyse the lines of action aimed at reversing the situation, since these policies are invariably reflected in the different communicational supports studied.

We can conclude that the modality of state intervention in the face of the problem is approached by highlighting the structural determinants linked to the level of income distribution, the educational climate, social capital and ethnic and gender inequalities. An analysis of the plan's founding document shows that data on sexual initiation and the use of contraceptive methods by men is omitted, in addition to reinforcing female responsibility for pregnancy by suggesting that these could decrease as more women are protected with contraceptive methods. The fact of placing men in second place and focusing efforts on the regulation of women's fertility generates a bias in actions on the problem that could well be mitigated by actively incorporating male populations in the exercise of their reproductive rights.

Along the same lines, in order to explore state intervention in greater depth, we analysed part of the Argentinean state's communication campaigns, taking into account the different graphic supports produced by the plan. There we were able to see that condom use is promoted for men and that the issue of sexual initiation is addressed by providing information on premature ejaculation, leaving aside other relevant issues such as peer pressure and the promotion of assertive attitudes for a safe sexual initiation. For this reason, we propose the need to know in depth the demands of men towards health services and to go deeper into the issues that challenge this group in order to encourage their participation in sexual and reproductive health.

However, another of the state strategies seeks to reach adolescents in school through ESI. This type of intervention emphasises the ways in which adolescents interact with their peers, the promotion of the use of contraceptive methods and the dissemination of legislation on the comprehensive protection of children and adolescents. Therefore, CSE is an indispensable tool to address the problems of masculinities, since through different curricular activities it seeks to unravel and problematize the device of masculinity.

Finally, for the prevention of unintended adolescent pregnancy, the Argentine state understands and values the gap between health systems and adolescents in a problematic way. In order to bridge this gap, comprehensive care services have emerged in schools, intervening in places where young people go about their daily lives. According to the evaluations of the pilot experiences, it stands out that this device would notably favour the promotion of male participation, in accordance with the findings of research in Argentina, Uruguay and Chile.

In a second stage of this research, we propose to contrast the analysis with the experiences and work carried out in the Upper Valley of the Province of Río Negro. Although the ENIA plan has not yet been concretely implemented because it is not a priority area, the issue is high on the health

agenda. Despite the fact that national indicators are not high, in 2017 Río Negro was the province with the highest number of teenage pregnancies in Patagonia; in this sense, the objective is to observe the continuities and discontinuities of the plan in public health services in the Alto Valle.

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