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Seabrooke, Leonard; Tsingou, Eleni

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**Copenhagen
Business School**
HANDELSHØJSKOLEN

Department of Business
and Politics
Steen Blichers Vej 22
DK-2000 Frederiksberg
Tel. +45 3815 3585
Fax. +45 3815 3555
e-mail dbp@cbs.dk

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Leonard Seabrooke & Eleni Tsingou

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Department of Business and Politics
Copenhagen Business School
Steen Blichers Vej 22
DK-2000 Frederiksberg
Phone: +45 3815 3585
E-mail: dbp@cbp.cbs
www.cbs.dk/dbp

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Professionals and Power Vacuums on Demographic Change*

Leonard Seabrooke &
Eleni Tsingou

Aging populations across advanced industrialized countries are expected to have a great impact on a range of socio-economic policies, ranging from welfare and pensions provision to industrial, labor market and financial policies. While populations are aging there has also been a drop in birth rates. Demographic change is acknowledged as a policy concern within many advanced industrialized countries, but discussions about low fertility are not explicitly expressed in terms of policy objectives. Governments, sensitive to the authoritarian implications of prescriptive natalist policies, focus instead on programs that aim to enable choice about childbearing; in concrete terms this means measures such as one-off payments, improving childcare availability, and addressing work-life balance concerns.¹ As an issue, low fertility is seen as a particular problem for a number of European and East Asian advanced industrialized countries. Germany and Japan stand out in having experienced especially low fertility over a sustained period of time, while countries with an established and generous welfare state or long traditions of migration appear to buck these trends among members of the Organisation for Economic Co-operation and Development (OECD), as seen in Table 1.

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¹ A United Nations study shows that in developed economies, the proportion of governments that have enacted policies to increase fertility have risen from 21 per cent in 1976 to 55 per cent in 2009 (UN 2011).

TABLE 1: OECD TOTAL FERTILITY RATES, 1980-2010

	1980	1990	2000	2010
World	3.7	3.23	2.68	2.45
OECD members	2.17	1.96	1.79	1.82
Israel	3.24	2.82	2.95	3.03
Mexico	4.7	3.4	2.58	2.32
Iceland	2.48	2.31	2.08	2.2
New Zealand	2.03	2.18	2	2.16
United States	1.84	2.08	2.05	2.1
Turkey	4.45	3.05	2.38	2.09
Ireland	3.23	2.12	1.89	2.07
France	1.85	1.77	1.89	2
Sweden	1.68	2.13	1.54	1.98
Norway	1.72	1.93	1.85	1.95
United Kingdom	1.89	1.83	1.64	1.94
Australia	1.89	1.9	1.76	1.92
Denmark	1.55	1.67	1.77	1.87
Finland	1.63	1.78	1.73	1.87
Chile	2.67	2.62	2.09	1.86
Belgium	1.67	1.62	1.67	1.84
Netherlands	1.6	1.62	1.72	1.79
Canada	1.74	1.83	1.49	1.68
Estonia	2.02	2.04	1.38	1.63
Luxembourg	1.5	1.62	1.76	1.63
Slovenia	2.05	1.46	1.26	1.57
Switzerland	1.55	1.59	1.5	1.5
Czech Republic	2.07	1.89	1.14	1.49
Austria	1.62	1.45	1.36	1.44
Greece	2.23	1.4	1.26	1.44
Italy	1.64	1.26	1.26	1.4
Slovak Republic	2.32	2.09	1.3	1.4
Germany	1.44	1.45	1.38	1.39
Japan	1.75	1.54	1.36	1.39
Spain	2.22	1.33	1.23	1.39
Poland	2.28	2.04	1.35	1.38
Portugal	2.19	1.43	1.55	1.32
Hungary	1.91	1.84	1.32	1.25
Korea. Rep.	2.83	1.59	1.47	1.22

Source: Compiled by the World Bank, 2012, and drawn from: United Nations Population Division, World Population Prospects; United Nations Statistical Division, Population and Vital Statistics Report (various years); Census reports and other statistical publications from national statistical offices; Eurostat: Demographic Statistics; and U.S. Census Bureau, International Database.

The lowering of fertility levels in advanced industrialized countries has created demand for transnational professional coordination. At the national level, professionals dealing with questions of fertility, from demographic, socio-economic, and medical perspectives, operate mostly in isolation and in relation to a range of social sensitivities. On the transnational stage fertility matters are understood, as in most countries, to be both sensitive and private, but professional coordination is emerging in the definition and provision of solutions to the ‘problem’ of low fertility. The relevant professions involved in discussing how to address low fertility as a transnational policy issue are demographers, economists and health experts (referred to here as ‘medics’).² They recognize declining fertility as a policy issue and are engaged in research and activities to qualify it as a policy objective. Their motivations for pursuing such engagement range from enabling women and men to realize their desired fertility, assisting potential parents to make informed reproductive choices, to preventing a shortage of productive skills. These motivations determine what policy linkages to low fertility are relevant for these different professions. This chapter investigates attempts at issue controls from professionals constructing how low fertility should be understood as transnational problem to be addressed. The interactions are mainly between individual demographers, economists and medics. We find that issue entrepreneurs on low fertility confront an organizational power vacuum. No organization is willing to take up the mandate of low fertility in the OECD despite presumptions of the significance of welfare and tax implications for future generations. Rather, professionals are left to their own devices to create weak networks, which we typify as ‘action nets’, as an attempt to mobilize professionals into attempting issue control. On demographic change, professionals operate in a two-level network (see editors’ introduction) where the organizations have not created a consensus over what issue to highlight or what resources they should collaboratively muster. As such, professional networks are where most of the action is taking place with the use of organizations, be they International Organizations, NGOs or Firms (medical and pharmaceutical ones in particular, but also insurance companies), as arenas for ad hoc professional engagement.

² The configuration of professionals addressing demographic change through a low fertility angle is important as it lies outside the broader discussions and controversies about global population dynamics and related environmental concerns. As this paper discusses, professionals on low fertility remain agnostic on these issues and find that available data shows that migration cannot be relied upon to offer solutions to demographic change in countries already experiencing low fertility.

Capturing the form of interaction among these professionals involves a number of methodological and conceptual hurdles. Most important among these is how interaction is conceived within time and space. On the face of it, professional interaction on low fertility issues could be explained through the creation of a network, with flows of information occurring between various organizations and issue entrepreneurs (Keck and Sikkink 1998). The same behavior could be understood through the emergence of a field, albeit a ‘weak’ one (Vauchez 2008), that is built from distinctions over how to treat low fertility as an issue. We argue that while the work on fields and networks is very useful, at the transnational level the professional formations around the issue of low fertility have not been sustained enough to constitute a network, at least once probed, nor are they sufficiently identity-centered or ‘thick’ enough to constitute a ‘field’. Yet transnational professional emergence exists on low fertility as a problem to be addressed.

We suggest that the emergence of transnational professional interaction on low fertility is best understood as ‘action nets’ that temporarily invoke institutional orders (Czarniawska 2004). Our focus on ‘action nets’ places emphasis on how actions precede networks, and how the actors and organizations are a consequence of actions rather than the drivers of it. While the ‘action nets’ studied are more fluid than networks or fields, they produce a frame for how a problem is best addressed and resolved within transnational policy space. This approach raises important methodological questions about space and time, particularly the role of space in imagining the research subject and the role of time is identifying relevant phenomena. We find this approach especially relevant in studying emergence of institutional orders where there has been an organizational power vacuum, particularly in examining actions linked to a topic that is sensitive or taboo.

From their action nets, professional demographers, medics and economists invoke institutional orders that seek to change ways of organizing how best to address low fertility. Action nets form around, and regenerate, frames that provide a narrative to transnational interactions in the absence of formal organizational links and professional contact. The frames are a product of action nets more than any particular actors or organizations. We identify two projected types of frames that bring together different professionals among the groups: *targeting* and *informing*. The group focused on targeting is dominated by economists, linked to demographers, and has produced a transnational policy position that directly links concerns about low fertility to national fears about

declining human capital and productive capacity. The group focused on informing draws mainly on health expertise and concentrates on informing policymakers and the public about fecundity and fertility life cycles. The chapter details how these professionals create action nets to promote their respective ideas through frames (cf. Dobusch and Quack 2012), and how the settings for these actions, such as intergovernmental organizations, must be understood as arenas for actions rather than as actors.

This chapter draws primarily from interviews with staff from the OECD (September 2009), the World Health Organization (WHO, July 2010, September 2011 and September 2012), the International Labour Organization (ILO, July 2010), and researchers and practitioners in a number of research organizations, think tanks, and hospitals in Europe and Japan (April-November 2012), as well as professionals engaging with national policy. In addition to the interviews, the chapter uses a methodological technique that we refer to as a ‘case study integrity forum’ (CSIF). In short, we brought together representatives from the studied professions and presented our research to them to comment on, as well as to detail working relationships among professionals and organizations. The purpose of the forum was to assess issue distinctions made between professions and professionals on how they treat low fertility. It also compared imagined network/field spaces of activity with ongoing or documented actions linked to professional interaction at the transnational level.

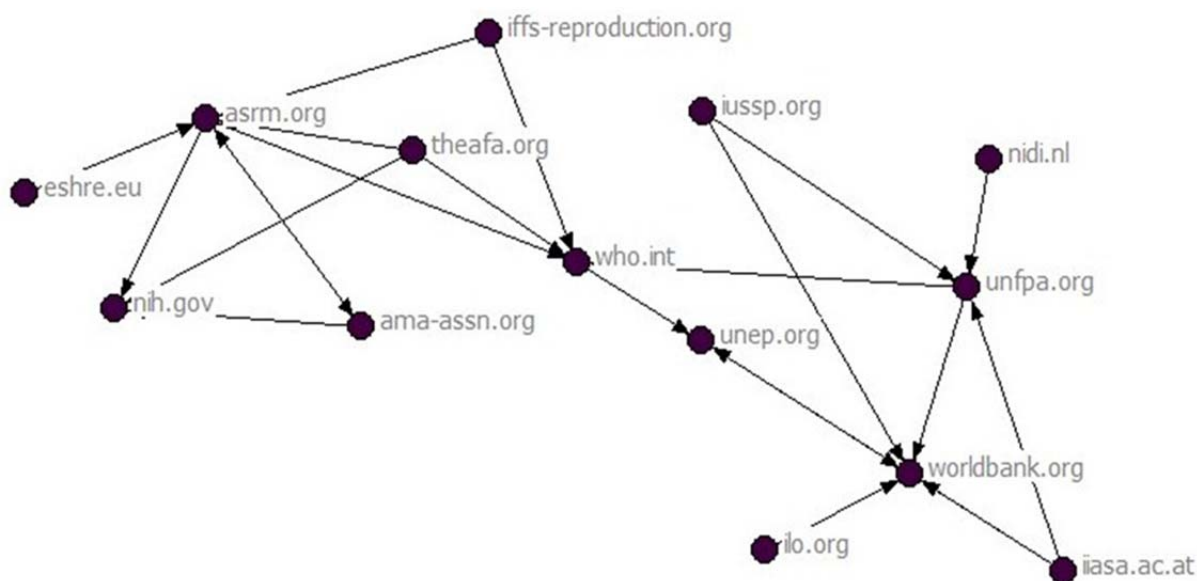
The chapter has four main sections. The first section introduces the objects of study, the professionals working on low fertility as a transnational issue, and the action nets approach. The second section discusses professional viewpoints and issue distinctions on policies to low fertility. The third section identifies the ‘targeting’ action nets, which use demography concepts to make an argument that links low fertility to declining quality in human capital and productive capacity. This frame is decoupled from migration and gender concerns and actively targets national fears of loss of productive capacity. The fourth section proceeds with an analysis of the ‘informing’ action nets, primarily based on medics. These action nets seek to make information about fecundity more widely known. The stress here is on informing the public on when it is best to have a child and the medical (aging and environmental) parameters to be considered. These ideas are presented as universal and delinked from economic policies to increase birth rates. We conclude by reflecting on

emergent professional interaction and methods of discovery for understanding complex transnational phenomena.

1. Professional Action Nets and Transnational Policy Space

Coordination on low fertility has occurred in a multi-professional manner, with ongoing and ad hoc interactions between individuals and groups concerned. The activity here is transnational in that while low fertility is often seen as a national concern, professional policy solutions to the problem are conceived beyond the nation state and with input from international institutions (Quack 2010: 5), such as the OECD and the WHO, and transnational scientific networks, such as the International Federation of Fertility Societies (IFFS), the International Union for the Scientific Study of Population (IUSSP), and the European Society of Human Reproduction and Embryology (ESHRE). Listing acronyms signals organizational capacity and immediately allows us to imagine a transnational space populated by organizations. An illustration is useful based on a technique that is increasingly common in the study of transnational advocacy, the study of links between websites on issues to demonstrate networks (Carpenter 2007; Carpenter 2011; Henriksen 2014). In this case we used Issue Crawler, a network mapping software that captures outlinks from specified sites and ‘crawls’ along them to establish issue linkage from website presence. It permits a visualization of existing links between organizations based on the issue, such as low fertility. Figure 1 depicts our use of Issue Crawler to map organizations working on low fertility and how they link to one another from their websites. It establishes the key organizations from the search and highlights a distinction between organizations focusing on low fertility as a medical problem (on the left) and low fertility as a demographic issue (on the right).

FIGURE 1: TRANSNATIONAL PROFESSIONAL LINKAGES ON LOW FERTILITY ISSUES



Source: Authors' search on Issue Crawler network, with websites checked for actual policy content on low fertility and nonconforming organizations removed. The search 'LowFertIVco-link' was completed on 6 July 2012 and available from <https://www.issuecrawler.net/>. The diagram has been visualized in UCINET by the authors.

The network diagram is seductive in suggesting a transnational policy space abuzz with activity on low fertility issues, with the World Bank, the United Nations Population Fund (UNFPA), and the American Society for Reproductive Medicine (ASRM) as crucial actors in this network. The WHO is identified as a knowledge broker between the medical and demographic sides of the diagram. The image is seductive in encouraging us to imagine a space of activity and then to populate the space with 'actors' from the organizations, or to look for professionals that link the different organizations. We presented this information to medics and demographers and to see if they recognized the network in the Issue Crawler depiction. They soon qualified that actual work at the transnational level did not follow these lines, and that the diagram provided an image of a network that existed on the web but not in practice. For example, in the diagram the WHO is central in linking the two sides of the map, but in practice the staff working on low fertility issues related to advanced industrialized countries is but a few people with a tiny annual budget. Activity among the professionals at the transnational level is often at meetings that may be sponsored or hosted by the organizations in the diagram, but this does not make the organizations 'actors' on low fertility.

Drawing on Czarniawska's work (2002; 2004; 2008) on 'action nets' allows us to understand the emergence of these professional interactions. The key for studying action nets is to privilege questions related to how actions create actors over time rather than to assess how established actors create networks within space. As Czarniawska argues, 'A network assumes actors who make contacts, whereas action nets assume that connections between actions produce actors' (Czarniawska 2004: 781). This inversion of the common logic also means that issue definition – in our case on what the low fertility 'problem' is – emerges from the actions of those involved in trying to provide it, rather than being chosen by an organization within a network, or selected for field analysis based on a position from a thick social context. Conceptually action nets embrace the idea that organizing never stops while there are moments, certainly from the perspective of those engaged in organizing, where an institutional order has been established.

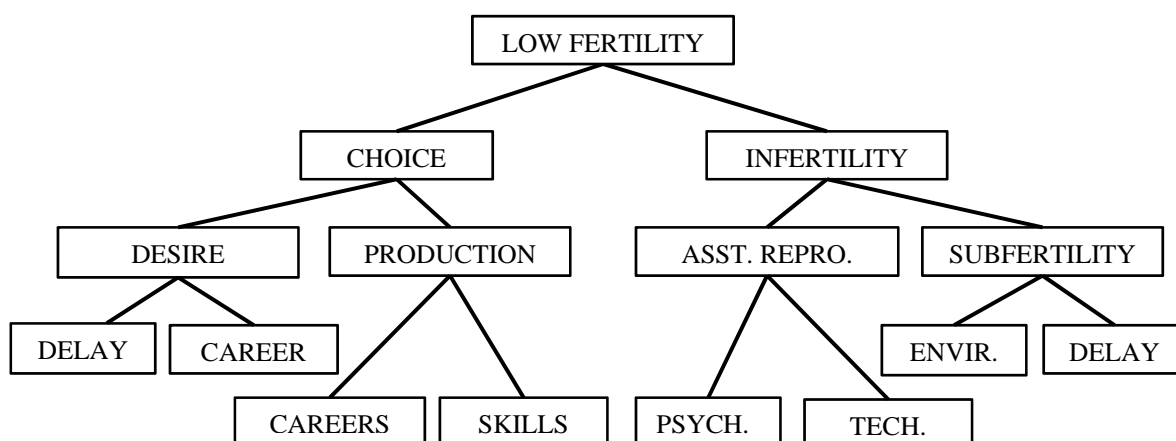
Action nets provide an analytic tool to consider how institutional orders are invoked. One benefit of thinking about action nets is to identify actions within a relevant timeframe, given that the action net under investigation may fail to sustain itself or have a limited horizon. The stress on actions removes some of the concern with the permanence and preferences of actors on the issue at hand ('what does the WHO think about low fertility?'), since this question collapses into asking what actions are being produced by WHO-employed persons engaged on low fertility? There is no assumption that WHO is an actor on the issue, or that those employed by the organization will work as issue entrepreneurs on behalf of the WHO or follow the WHO's organizational culture (they don't in our case).

We initiated our search for action nets on transnational interaction on low fertility through fieldwork to relevant international organizations (international organizations), demography and medical research institutes, the sifting of conference programs, and from those active in the relevant literature on low fertility in medicine, economics and demography. In this chapter we identify two distinct types of action nets that develop frames that can lead to policy prescriptions. They are discussed in sections 3 and 4. First, we provide a general understanding of professional viewpoints and issue distinctions on low fertility from medics, economists and demographers.

2. Professional Viewpoints on Policies to Address Low Fertility

To establish the contexts in which actions hold meaning and to locate the narratives produced by professionals we spoke to medics, demographers and economists about issues and policies used to address low fertility in advanced industrialized countries. We depict the results from our interviews and overview of the relevant literatures in the form of issue distinctions in Figure 2. The distinctions are drawn from how professional locate their key issue for low fertility and the best policies to resolve the problems they raise. The issue distinctions provide ‘plot points’ for the construction of narratives on the low fertility ‘problem’, and also highlight issues of common interest around which action nets and frames for institutional ordering may be formed.

FIGURE 2: ISSUE DISTINCTIONS ON LOW FERTILITY



The left side of the diagram represents those who focus on choice as a key issue for low fertility, a perspective that is strongly associated with demographers and economists. For example, demographers point to how post-materialist explanations detail how social values have evolved, affecting model family ideals. In this context, the timing, number or even presence of children is no longer a given in perceptions of one’s life cycle (McDonald 2000). Once such a shift has taken place, it can be further consolidated by polarization dynamics in a given society. This explanation can thus account for a lower discrepancy between desired and actual fertility in German-speaking countries (*choice > desire > delay*) (Goldstein et al. 2003). Demographers also draw on gender equity explanations to stress the absence of equal opportunities and point to the continued higher

burden placed upon women in the household during child-rearing years, as well as the challenges women with children face in the labor market. Explanations based on gender equity emphasize the importance of institutional factors, especially in relation to female labor force participation (Del Boca and Sauer 2006) and gender-focused family policies (*choice > desire > career*) (Andersson 2011 and Thévenon 2011). Economists and demographers using rational choice frameworks suggest that individuals can identify the costs and benefits of having children and how, given their information on constraints and opportunities, they may decide to reduce the number of children, delay having children, or not have any (cf. Sobotka et al. 2011). Lack of direct and indirect state financial support, paternal leave or the affordability of housing would also cause delay (*choice > desire > delay*). Some stress how uncertainty in the labor market changes expectations about when having children is possible, and how this increasingly affects both genders. Addressing this problem requires using resources to encourage highly educated women to have ‘quality’ children, who are also likely to be highly skilled (*choice > production > skills*). Economists also discuss how lower levels of desired fertility would lead to a demand for multiple careers over the life span (*choice > production > careers*). Our interviewees clearly suggest that expert advice puts the emphasis on an integrated system of childcare provision that works for parents and employers, as well as a full reproductive and child-rearing lifecycle approach (Sobotka 2011). States that assume the full financial cost of these policies exhibit no discernible differences in fertility patterns across educational and social status (Thévenon 2011). Countries with ‘good’ policies are also seen to score highest on gender equality.³

The explanations and issue distinctions provided by demographers and economists are generally discussed with little attention to medical or environmental factors. Medics complain that economists and demographers view fecundity as a constant - that one’s ability to have children during their child-bearing years is unaffected by anything other than age – when across advanced industrialized countries there an increasing number of recorded instances of young adult infertility. Medics working on assisted reproduction technologies stress the importance of state subsidies for treatments, as well as funding for research (*infertility > assisted reproduction > technical*), while others emphasize the importance of understanding the psychological impact of treatments on women and couples, especially stress from repeated or failed treatments (*infertility > assisted reproduction > psychology*) (Boivin, et al. 2011). Some medics we spoke to also point to

³ See in particular, results from the Quality in Gender and Equality Policies (QUING) project, which produced extensive reports on European countries, <http://www.quiring.eu/>.

environmental factors affecting the reproductive health of young females and males, especially increasing male infertility (*infertility > subfertility > environment*) (Priskorn et al. 2012, Sharpe 2012), while others discuss how people exercising their reproductive rights when fecundity is highest may encounter difficulties later (*infertility > subfertility > delay*). For these professionals policies should be guided towards providing more public information on the risks associated with delaying having children. These medics also have a strong interest in the impact of the types of childcare, parental and affordable housing policies mentioned above, while providing no clear view on how they should be funded.

As the analysis above suggests, the transnational policy space for low fertility contains a number of issue distinctions that provide probable narratives, espoused by particular professionals and strongly informed their 'epistemic cultures' (Knorr Cetina 1999). Demographers and economists suggest that for policies to work, they need to be integrated and long-term and that such policies are expensive and should be targeted at distinct populations (such as the highly educated). These assessments rarely happen in the national arena, but are most likely to be comparative research exercises that are discussed transnationally. Likewise, medics share knowledge through international conferences hosted by international organizations or sponsored by medical companies. Within these professions are a number of issue entrepreneurs who are creating linkages between the issue distinctions (for example, those working on *delay*) in transnational arenas that offer more appropriate spaces for interaction. These professionals seek interactions in multi-professional action nets to explore their ideas and create cross-disciplinary outreach to improve policy development at the transnational level.

We identify two types of action nets operating at the transnational level that produce two distinct sets of frames: *targeting* and *informing*. Targeting is about issue linkage; the frames are based on professional knowledge from economics and demography and help explain issues relating to low fertility in terms of productivity effects, paving the way for linkages with other economic discourses on employment policy. Informing is based on medical and public health expertise, supported by professional knowledge from demography too, and aims at better dissemination of key fertility parameters. Professionals using one type of frame or the other have different options as to how they treat the various taboo issues at the heart of low fertility debates, such as gender equality, migration, and prescriptive pro-natalism.

3. Targeting Action Nets

The first set of action nets we detect in our examination of low fertility in transnational space is comprised of groups of professionals using issue-linkage to raise awareness and target policy. Professionals use frames that take full account of the major socio-economic concerns associated with demographic change and present the ‘problem’ by establishing links between low fertility, the economic demands of old age dependency and employment policies. The reasoning is based on demographic professional knowledge and the use of established concepts from demography. The ‘Low Fertility Trap Hypothesis’, a key concept in discussing long-term demographic trends in advanced industrialized economies, is an example of one such frame. The Low Fertility Trap Hypothesis takes as its point of departure existing explanations on low fertility and formulates ‘plausible and self-reinforcing mechanisms that would result, if unchecked, in a continued decrease of the number of births in the countries affected’ (Lutz et al. 2006: 167). The hypothesis has three components. The first is a demographic component based on the ‘negative population growth momentum’, that is the expectation that fewer women of reproductive age in the future will in turn result in fewer births. The second is a sociological component that relates to family size ideals; the assumption is that smaller size families in previous cohorts will enhance decline in younger ones. Finally, an economic component is based on the relative income hypothesis, that fertility is determined by a combination of aspirations and expected income. The Low Fertility Trap Hypothesis puts forward that all three factors contribute towards ever lower birth rates. This concept has resonated especially well with economists we spoke to and has been used in the work of the OECD, both in presentations at OECD ministerial meetings and in OECD studies on the subject of low fertility, work-life continuum and pensions, though vicious circle is preferred to trap (OECD 2007a, 2007b).⁴ Some demographers and economists we interviewed use each other’s work and target policy makers through their interactions at the transnational level. The action net that employs the ‘trap’ frame is comprised of professionals who differ in formal methodologies, but what they say on this issue is essentially the same. While demographers are formally agnostic on the necessary policy prescriptions, the involvement of economists in the action net brings clarity on the relevant policy issue: the focus is not low fertility per se but how fertility has an impact on other aggregates, such as the productive population and labor markets. The ‘trap’ as a concept is thus used for inter-professional interactions at the transnational level, but our interviews indicate that there is little attention to it at the national level. In addition, both demographers and economists

⁴ Interviews with OECD staff, Social Policy division, Paris (September 2009).

agree that the involvement of economists is relevant because of their perceived technical legitimacy and their ability to discuss questions of productivity and maintaining adequate levels of human capital with governments.⁵ The focus on productivity, therefore, is important in any transnational – national diffusion process and an essential step into engaging professionals within international organizations such as the OECD in the action net.⁶

Another example of a frame put forward by a targeting action net is based on demographic ideas about long-term demographic change as seen through an integrated picture of population studies, where low fertility and ageing are studied in tandem. Concerns move away from demographic change and instead the issues are framed in terms of skills and human capital. On low fertility, the narrative stresses the importance of targeting highly skilled women in attempts to increase fertility rates.⁷ On the other hand, demographic debates about the need to challenge ideas that there is a standard human lifespan (Leeson 2011) also point to epistemic uncertainty about what skills may actually be required. Issue definition among those in the action net is changing. The manifestation of this can be seen in initiatives such as the multi-stakeholder Berlin Demography Forum, an annual event sponsored by insurer Allianz, which embarked on discussions on ‘Families-Children-Society’ and moved to ‘Generations-Learning-Prosperity’ in the 2013 program.⁸ This is in line with concerns by employers’ groups and those interested in labor force issues, as well as those groups at the national level who are involved in debates over pensions and, beyond the national level, insurance services. The frame also brings to the fore questions of intergenerational equity and, to overcome the opposing needs of young and old, focuses on maintaining and developing skills as the key policy tool, including through improving participation and employment rates among the young, investing in working conditions and lifelong skill development, and/or increasing the retirement age. Skills are the entry point for professionals within international organizations such as the ILO to engage in this action net. In this instance, to the extent that low fertility concerns are taken into account, they are discussed in the context of breaking the tradition of a tripartite division of the

⁵ Interviews with OECD staff, Social Policy division, Paris (September 2009), interviews with researchers in demography institutes in Vienna and Tokyo (July 2012 and November 2012) and corroborated at the CSIF event.

⁶ Successive Japanese governments have been especially interested in the topic but find it easier to review research and recommendations from the transnational arena than debate these matters at the national level. As a result, the OECD receives half of its funding in this area from the Japanese government (the other half comes from the European Commission).

⁷ This is a point made in several interviews with policy-involved demographers and acknowledged more widely in the context of the CSIF meeting. These discussions are based on research linking educational levels of women, reproductive intentions and gender equality (Testa 2012).

⁸ The Berlin Demography Forum is a joint initiative of the German Federal Government and insurance company Allianz. For more information, see <https://www.berlinerdemografieforum.org/en/index.html>.

working life in terms of schooling, work and retirement and introducing more flexibility, including through career breaks at important points in one's life (e.g. when children are young) (an 'in-house' ILO idea, ILO 2010).

This focus on productivity and skills provided by these targeting frames is increasingly taken up in the policy discourse. Policy makers are receptive to these frames because of the politically relevant terms of reference but also because they are seen to lead to policies that are more cost effective than targeting low fertility directly. At the national level, officials in Japan are now discussing ways to increase labor force participation, especially among women and those aged over 60 (Clark et al. 2010). Similar discussions are taking place in Germany where there is movement towards a consensus that investing on lifelong learning and longer labor force participation is cheaper and more tangibly cost effective than focusing on fertility-boosting programs. This is also consistent with a changing attitude towards ageing. Scholars associated with the World Bank recently addressed a number of 'counterintuitive or simply nonintuitive' facts, including the '*positive* impact of aging on capital intensity' and the importance of accounting for education as well as pension, health and care costs in intergenerational equity assessments (Lee et al. 2010, ix). Similarly, an analysis on the rapid greying of Eastern European populations stresses that ageing need not be associated with slower growth if accompanied by policies aimed at strengthening productivity and ensuring effective labor force participation (Chawla et al. 2007).

For some, action nets driven by professional knowledge from demography and economics have produced frames that enable organizations such as the OECD to address questions of gender equality in an integrated inclusive economic policy manner (most notably through its *Babies and Bosses* studies, a text frequently mentioned in interviews, cf. Mahon 2009). Others, however, remark that as long as frames have a predominant employment and skills component that is linked to market objectives, they remain open to national interpretation. In national contexts with better gender equality conditions, employment policies that take into account low fertility concerns strengthen gender equality, whereas in others, they are used as background to employment policies that revert to a more traditional thinking about the role of men and women in the workplace (Verloo 2010). In any case, these multi-professional action nets are not cohesive, nor purposeful enough to maintain multi-disciplinarity from frame to policy articulation. Professional economists thus appear to be doing most of the policy work, yet their knowledge is derived from the actions of the action

nets. In broad terms, these frames also open up the possibility of discussing skilled migration, though in practice this is a topic that formal organizations are unwilling to address and on which demographers have scarce resources to provide comprehensive data, leaving economists unable to theorize.

4. Informing Action Nets

A second set of action nets can be identified by the development of frames which focus on informing about fecundity, as well as assisted reproduction technologies. As with the targeting frames action nets, there is no umbrella organization charged with this task. The WHO might act as a host and staff follow their own particular agendas (cf. Chorev 2012) but the organization does not act as a hub for low fertility issues; the Reproductive Health department is much more focused on questions of contraception and has limited funding, and its staff do not have positions within the organization's hierarchy which can enable more initiative. It is easier to identify predominantly health science research work dealing with low fertility in advanced industrialized countries. What we find is that action nets based on this work have reached a broad consensus on what elements good policy should comprise and what are, arguably, universal frames for assessing attitudes and decision-making about fertility. The general view is that people should know that they are most fertile in their 20s, that improving virility and being pregnant should be less medicalized, and that information about assisted reproduction should be staggered to avoid overload.⁹

One example of a frame employed by an informing action net is based on work relating to the prevention of infertility. This work discusses reproductive health jointly with the psychosociological effects of infertility and is informed by research on both medical and demographic fertility. The action net behind this frame is located around the Task Force on Reproduction and Society that belongs to ESHRE (the Task Force was renamed from Infertility and Society to permit a more multi-professional environment). It explicitly addresses low birth rates in Europe and issues related to fecundity, work-life balance in career development and, importantly, issues related to delaying children. As they write in their position statement, fecundity 'is often related to life style. Moreover, many Europeans underestimate the age-related decline of fecundity and have too optimistic perceptions of IVF'.¹⁰ As such, the Task Force seeks to promote 'earlier onset of family

⁹ Interviews with WHO staff (September 2011), interviews with medics in Copenhagen (April 2012), CSIF (September 2012).

¹⁰ <http://www.eshre.eu/ESHRE/English/Specialty-Groups/Task-forces/TF-Infertility-and-Society/page.aspx/697>

building’ and to make information more widely available on the challenges facing young couples wishing to have children. It also makes the argument that encouraging earlier childbirth is more economically efficient by freeing up resources used on older couples who require assisted reproductive technologies. The action net is dominated by professionals who are health scientists but also includes demographers, as well as a policy analyst and management specialist who works for RAND. The action net has been a ‘deliberate collaboration’ to frame policy actions (CSIF intervention by Task Force founding member, September 2012).¹¹ The motivation is clear and two-fold: increase awareness among the public, politicians and other stakeholders and raise funding for activities and research linked to infertility.¹² Though the action net is intentional and benefits from the organizational capacity provided by a professional association (ESHRE), its access to policy is restricted and the framing narrative does not penetrate public awareness sufficiently.

Another frame used by an informing action net is based on the concept of ‘periconception’, which has medical origins but is framed as a source of behavioral and attitudinal change, and thus policy change. The key narrative is derived through FertiQoL, an analytical tool developed to assess attitudes and behavior on fertility issues through a Quality of Life lens (Boivin, Takefman, and Braverman 2011). The multi-professional team working on FertiQoL brings together professionals from reproductive health with backgrounds in different medical specializations (practicing researchers, and working for biopharmaceutical firms) – as such, it is not multi-disciplinary like other action nets discussed in this chapter. It does, however, draw directly from the WHO’s Quality of Life indicators (WHOQOL Group 1998), which seeks to place fertility choices in the context of culture and value systems and in relation to expectations and common standards.¹³ FertiQoL is of interest also because of its use in the WHO. The narratives provided in our interviews with fertility professionals in the WHO in 2010 and 2011 strongly suggest that the key to addressing low fertility as a transnational issue is to ‘upscale’ ideas such as periconception. From this point of view periconception is not simply a medical term meaning around the time of conception, but a different way of thinking about getting pregnant, being pregnant, and post-pregnancy life. Periconception is associated with less medicalized treatment of pregnancy (treating the intending mother as a patient)

¹¹ The Task Force is an instance of medical professionals engaging in multi and inter-disciplinary work but this is not a common phenomenon. CSIF participants estimated that about 2.5% of members of the professional reproductive health associations are engaged in such activities.

¹² CSIF discussion, September 2012.

¹³ An example of the FertiQoL survey from 2008 can be found here:
<http://psych.cf.ac.uk/fertiqol/download/fertiqol%20English.pdf>

and encouraging the couple to consider when they are most able, and have the most energy, to have children (these ideas contrast with some of the evidence, see McMahon et al. 2011). As with the action net linked to the prevention of infertility frame, the stress here is on earlier onset of family building. Notably the professionals working in the WHO were less concerned with the economics of fertility, namely who pays for assisted reproduction treatments and the relationship between taxation and expenditure on childcare and general welfare.

Nominally in the informing camp, we also find groups of medical professionals concerned with fertility issues among the young, including male infertility and the increase in cases of testicular cancer among men in their 20s (Sharpe 2012). These professionals are keen to ‘join’ action nets but their associations remain loose. They argue that the biology is still ‘too difficult’ and that they can only provide hypotheses for the causes of these trends, suspected to be linked to environmental factors.¹⁴ As such, though attempts at action nets involving demographers are made, they find the most promising avenue to be greater engagement with environmental scientists.

Among the action nets discussed above, the stress is on informing and providing frames that can be used in a policy context without ‘scaring’ the public. Organizationally the method described during interviews was ‘upscaling’ (cf. Folke Henriksen 2014). The stress on upscaling frames and narratives is to get ‘buy in’ from key policymakers in ministries and non-governmental organizations on the relevance of the idea for policy and then translate and propagate it in the national setting. As such the claim to authorship and ownership of the idea is relaxed but the potential impact on policy is greater.

Conclusion

Action nets provide a compelling way to identify how institutional orders are invoked at the transnational level. This chapter details the emergence of transnational professional interactions in medicine, demography and economics on the issue of low fertility, and locates two sets of action nets that frame the ‘problem’ and provide narratives that seek to change how low fertility is treated. We distinguished the identified action nets by the frames and their narratives provided to influence the transnational policy space, as well as from the types of professionals engaged with the action

¹⁴ Interview with member of research team at Rigshospitalet, Copenhagen, April 2012. The contrast between the medical profession’s research-heavy schedule and the demographers’ reliance on large data sets and subsequent ‘travelling and advising governments’ activities is made.

nets. Part of the reason for the variance is provided by the epistemic cultures of these professionals. These cultures offer important resources but also hurdles for engagement in multi-professional action nets, not least because they reinforce how the professionals view their subjects and privilege different forms of knowledge (macro scale for demographers, micro scale for medics, and systematic for economists). Another reason for the different types of action nets is the role of taboos in making low fertility a transnational issue. It is difficult for professionals to advise policymakers and politicians on low fertility when they are restricted from touching upon questions of race, migration, gender equality and sex and reproductive rights. One interviewee stressed to us that issue complexity prevents formal organizing; international organizations are not permitted to send conflicting signals, such as raising birth rates in advanced industrialized countries while actively seeking to lower them elsewhere. Such complications, as well as social taboos, impede the development of a discussion on the sources of demographic change in advanced industrialized countries and prevent the development of policies to address the socio-economic, psychological, and political fractures that may result from persistent low fertility.

Finally, action nets as a method of discovering professional emergence is important because it is open to witnessing multi-professional interaction on complex issues. Transnational professional interactions on low fertility exhibit bursts of energy and then disperse into different collaborative teams or leave connections fallow. With the action nets described above we can see forms of engagement with international organizations, such as the OECD and WHO, as well as research organizations and firms, which typify the contemporary transnationalization of professions. We suggest that action nets are particularly useful as a method for discovering such forms of emergence, especially given that it forces the scholar to build from the ground-up rather than carry assumptions about the 'actorness' of professions, international organizations or otherwise.

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