Parents' management of alcohol in the context of discourses of ‘competent’ parenting: A qualitative analysis

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Abstract

How parents manage potential tensions between normative discourses of ‘competent parenting’ and their desires to consume alcohol has received little attention. In this article, we explore the elements that encourage or constrain parents’ drinking and investigate how parents consider and manage their alcohol use in the context of multiple social roles with sometimes conflicting demands and expectations around ‘competent parenting’. Our analysis draws on 30 semi-structured interviews with Australian parents, conducted as part of a broader project which aimed to explore how home drinking is integrated into everyday life. While parents’ accounts of drinking alcohol highlighted effects such as embodied experiences of relaxation and facilitating shared adult moments, many participants described drinking less than they otherwise would if their children were not present. Participants discussed various social roles and routines which constrained consumption, with drinking bounded by responsibility. As such, drinking emerged as something needing to be actively negotiated, particularly in light of discourses that frame...
INTRODUCTION

Alcohol has a deeply embedded place in the lives of many Australians, and in many settings there is a strong normative imperative to consume (Allan et al., 2012). Data collected in 2013 in Australia shows that 63% of alcohol was consumed in the drinker’s own home, with 56% of this consumption above the recommended two standard drinks (10 g of alcohol per standard drink) per day (Callinan et al., 2016). Following further calls for research on drinking in the home (Callinan & MacLean, 2020), this article draws on data collected through a larger study of home drinking to explore how people consume alcohol while parenting children. In doing so, we examine the elements that encourage or constrain parents’ drinking and analyse how parents consider and manage their alcohol use in the context of multiple and conflicting social roles and expectations around ‘competent parenting’.

Being a parent is widely acknowledged as both emotionally rewarding and challenging (Wright, 2018). In western societies, contemporary neoliberal discourses around responsibility and accountability have arguably increased challenges for parents who have become the bearers of a whole range of anxieties that are socially and discursively formed and given value as ‘competent parenting’ (Bühler-Niederberger, 2010; Geinger et al., 2014; Martens et al., 2004; valentine et al., 2019). Increasing policy concern with families has also contributed to a framing of ‘competent parenting’ as necessary, so that parents avoid passing a range of social and behavioural issues onto their children (valentine et al., 2019). For more and more women with children, there are pressures, to not only parent competently, but also to successfully participate in the workforce, which itself carries various responsibilities with discursively set standards of behaviour (Correll et al., 2007). For men with children, whose social roles have traditionally been primarily constituted around workforce participation, there are increased pressures to participate in childcare and domestic duties (Sullivan, 2010). These multiple (and sometimes) competing social roles and responsibilities can be expected to impact on a range of practices associated with health and wellbeing, including alcohol consumption (Knibbe et al., 1987; Kuntsche et al., 2009; Kuntsche & Kuntsche, 2021). For example, engagement in the workforce may open opportunities for drinking (e.g., after work drinks), conversely, the constraints associated with child-rearing may reduce opportunities for drinking (Room et al., 2009). Additionally, ‘competent parenting’ discourses encourage appropriate displays of alcohol consumption and alcohol-related boundary setting with children, and alcohol is further entangled with parenting through a range of symbolic and embodied emotional usages embedded in adults’ practices (Baker, 2017; Cook et al., 2021;
Killingsworth, 2006). Despite these concerns, researchers have paid little attention to how parents manage tensions between normative discourses of ‘competent parenting’ and their desires to consume alcohol. Although our participants did not use this term, it was apparent in transcripts that their parenting practices were shaped by a concern to parent competently, especially when consuming alcohol.

**Interactional role theory and alcohol consumption**

The relationship between being a parent and alcohol consumption is complex. Moreover, parents have other relations, responsibilities and obligations beyond those associated with parenthood. Indeed, people can be considered as participating in multiple ‘social roles’—as parents, as employees, as intimate partners and as friends, all of which are shaped by multiple influences (Kuntsche et al., 2009). In seeking to investigate these relationships, we were broadly informed by interactional role theory and the multiple burden hypothesis—two theoretical perspectives which have been used to understand the ways in which social roles influence (either constraining or motivating) alcohol consumption (Kuntsche et al., 2006, 2009).

Role theory holds that everyday activities are the performance of socially defined categories, each of which has a set of accompanying obligations, responsibilities, norms and behaviours that need to be fulfilled (McCall & Simmons, 1966). Structural role theories see roles as imposed on individuals who are guided by a set of expectations that are internalised or experienced from external sources (Turner, 2001). As such, role players’ ability to conform to these expectations is subject to constant internal and external judgement (Turner, 2001). Interactional role theory on the other hand understands that “the patterning of behaviour [sic] that constitutes roles arises initially and recurrently out of the dynamics of interaction” (Turner, 2001, p. 234). As opposed to structural perspectives, here roles are seen as a collection of behaviours linked to an identity and performed in a manner recognisable across individuals. Starting from an interactionist perspective, we take our understanding from a more dramaturgical interpretation of role theory. Here, the concept of social roles sees behaviour (in this case alcohol consumption) as context dependent, and engagement in roles is viewed as a performance in which the essence is to role play in a manner acceptable to broader society (Brookes et al., 2007). Taking this perspective allows us to view role performance as governed by social rules, demands, norms and, importantly, ‘competent parenting’ discourses, and acted out in collaboration with others.

As an adjunct to this, the multiple burden hypothesis considers the additional strains that result from role overload or conflict between the demands from multiple roles, and the associated impacts on practices and consequences. It is common in quantitative literature to account for the relationships between parenting and alcohol consumption by drawing on social role theory and multiple burden perspectives (Bloomfield et al., 2006; Holmila & Raitasalo, 2005; Knibbe et al., 1987; Kuntsche et al., 2006, 2009; Kuntsche & Kuntsche, 2021; Wilsnack et al., 2000). For example, when comparing alcohol consumption in 10 industrialised countries, researchers argued that a higher number of social roles held was associated with a more structured life and fewer opportunities to engage in heavy drinking (Kuntsche et al., 2009). It has also been argued in quantitative work that parents and carers may find it challenging to allocate both time and resources to drinking owing to the tasks and responsibilities associated with childcare (Kuntsche et al., 2009; Kuntsche & Kuntsche, 2021). Together, these two theoretical perspectives provide a lens through which to consider parents’ responsibilities and drinking practices, while also directing attention beyond what happens in the immediate family environment.
Parenting in the 21st century

With what has been termed the 'parenting turn', there has been an increasing tendency in policy to view 'good' or 'competent' parenting as the solution to a range of social problems (Geinger et al., 2014; Gillies, 2005; Jensen, 2010). This shift has occurred alongside a general move towards western neoliberal ideals, with an emphasis on individual responsibility and self-management, and under which children's development as productive members of society and the prevention of risks are prioritised (Bühler-Niederberger, 2010). Parents, under the imperatives of neoliberal 'competent parenting' discourses, are therefore expected to be entrepreneurial individuals and are burdened with the responsibility to raise well-adjusted, well-mannered and proficient future citizens who are capable of functioning independently and who embody these broader cultural norms (Geinger et al., 2014; Jensen, 2010). Where social institutional support is available to achieve these ideals, it often reduces parents to objects of intervention, focussing on parents' shortcomings and the potential harms they may cause to the next generation (Banwell & Bammer, 2006; Gillies, 2005), for example, by pathologizing or demonising the impact of exposure to parental drinking on children's knowledge of alcohol and experimental learning (Bandura, 1977; Valentine et al., 2014). A consequence of the parenting turn is the production of multiple guidelines on how to parent competently if one consumes alcohol, with a strong public health discourse which recommends parents drink 'moderately' when their children are present (Gilligan & Kypri, 2012, National Health and Medical Research Council [NHMRC] 2020; Ryan et al., 2011). However, researchers have paid minimal attention to unpacking the ways parents manage and understand themselves and their practices (both parenting and drinking) in the context of these dominant parenting discourses.

Parenting and alcohol consumption

Epidemiological studies have examined associations between parenthood and alcohol consumption, with a range of effects identified. For both mothers and fathers, becoming a parent in adulthood has often been found to result in a decrease to overall alcohol consumption (Evans-Polce et al., 2020; Labouvie, 1996; Little et al., 2009), however other studies have found reductions only for women (Bailey et al., 2008; Leggat et al., 2021). An American study found that parents were less likely than non-parents to report having consumed five or more drinks on at least one occasion in the past two weeks (Merline et al., 2004), with an Australian study of 25- to 55-year-old adults also finding that parents drink less than non-parents (Bowden et al., 2019). Other longitudinal Australian research found that parents were less likely to report being either abstainers or risky drinkers, and more likely to report being moderate drinkers, than were non-parents (Laslett et al., 2017). However, researchers have questioned whether it is the parental role or the location of consumption that is behind these reported decreases, arguing that parents may report less frequent heavy drinking in comparison to non-parents because their drinking is less likely to occur in bars or pubs, where heavy drinking is common (Paradis, 2011).

The pervasive academic discourse around parents’ drinking and the risks this poses to children’s health, wellbeing and future (Bryant et al., 2020), largely positions parental drinking as problematic. Research has suggested that parents face more social disapproval related to their alcohol consumption than non-parents or other social groups (Raitasalo et al., 2011), with mothers, in particular, subject to greater social disapproval than fathers (Day et al., 2004). Holmila and Raitasalo (2005) note that much of the disapproval surrounding women’s consumption stems
from concern about the impact on family dynamics, home setting, children’s futures and by extension “society’s traditional moral order” (p. 1764). These understandings are underpinned by broader contemporary views that parents, and especially mothers, should always be available or “on call” for their children (Correll et al., 2007), and that alcohol consumption is incompatible with this responsibility. This social disapproval highlights that parents are required to negotiate broader and parent-specific social discourses when considering their alcohol consumption (Baker, 2017; Wolf & Chávez, 2015).

Despite the social disapproval, previous studies reporting on parents’ experiences of consumption have identified various positive ways in which alcohol is used in everyday life. For instance, Baker (2017) reported that women with pre-school aged children commonly described their alcohol use as a means of delineating time away from childcare responsibilities. Similarly, in a study of women in Scotland aged 30–50 years, drinking after children were in bed designated a change from time spent focussing on children to adult time (Emslie et al., 2015). This practice is not exclusively reserved for parents. Several studies among other groups similarly find that drinking is used to signify a transition from one role or set of responsibilities to another, for example, from work to personal leisure time (Brierley-Jones et al., 2014; Lyons et al., 2014). Researchers have also observed practices of drinking as a means of asserting an identity beyond parenthood (Emslie et al., 2015; Killingsworth, 2006). However, as quantitative studies have shown, the tasks and responsibilities associated with childcare may also limit consumption; often making it difficult for parents and carers to find time for drinking (Knibbe et al., 1987; Kuntsche et al., 2009) or to manage the associated effects from heavy drinking sessions (Emslie et al., 2012). For instance, in a study of 60 Californian parents with children aged 10 years and under, drinking in the home context was framed as undesirable because of the responsibilities children posed and the inability to share responsibilities with a large network of responsible adults (e.g., extended family; Wolf & Chávez, 2015). Taken together, these studies suggest the parental role has particular implications for alcohol consumption, especially for women whose consumption seems to reveal an intersection of multiple social roles and responsibilities with broader social discourses.

Despite research highlighting the embodied meanings attached to and embedded within the performances of parenthood and alcohol consumption, qualitative studies have rarely focussed specifically on this group. This article explores parents’, both mothers’ and fathers’, experiences of drinking and how it is perceived to intersect with their understandings of ‘competent parenting’ within an Australian setting. Considering the multiple social roles performed by parents and the impacts this may have on their consumption, we explore the various elements that may encourage or constrain drinking and focus on the ways in which parents experience competing demands and moral discourses associated with doing parenting in the context of alcohol consumption.

**METHOD**

Our analysis draws on data gathered through semi-structured interviews with 30 Australian parents and carers. These interviews were conducted as part of a larger study of home drinking in Australia, which aimed to investigate the social contexts of drinking at home and to explore how home drinking is integrated into everyday life. The home drinking study involved an online survey of people across Australia, aged between 30 and 65 years, who drank at least weekly and consumed alcohol in their home. A subset of 40 survey participants were followed up to complete an in-depth semi-structured interview in late 2019. This qualitative sample was drawn
from survey participants who agreed to be contacted for an interview and who reported in the survey either (1) consuming 14 or fewer standard alcoholic drinks per week and never drinking more than four drinks on a single occasion (‘light drinkers’) or (2) consuming 35 or more drinks per week (‘heavy drinkers’). In approaching potential interview participants, we attended to the recruitment of approximately equal numbers of men and women and a broad spread of ages.

Interviews took between 15 min and 1 h and were conducted via telephone by the fourth and fifth authors [RD and JM]. Interviewers identified as female, have worked in the alcohol and other drugs field for over 15 years and have significant interview experience. Interviews were audio recorded and transcribed verbatim. Participants provided informed verbal consent before interviews commenced. Researchers used a conversational style for conducting the interviews (Bourdieu & Wacquant, 1992), with participants asked about their drinking at home, how it fitted into their lives and whether it was different from their consumption elsewhere. This involved encouraging interview participants to discuss issues relating to the research topic that they regarded as important, with the interviewer probing for detail, instead of structuring the interview around pre-designed questions. Ethical approval for the study was obtained from the La Trobe University Human Ethics Committee (HEC18343) and interview participants were provided with a AUD$50 supermarket gift voucher in recognition of their time and valuable contribution.

For the present analysis, we examined the interview data from 30 participants (33–64 years, mean age 48 years) who reported they were parents or were the primary carer or person responsible for a dependent. Parents or carers resided in all Australian states and territories except Western Australia and were in different stages of parenthood—some with young children and some with teenagers, as well as some with grown children and even grandchildren. This means some participants were discussing current alcohol and parenting practices, while others were reflecting on and describing what they did in the past. 18 participants reported currently living with a dependent child and 12 discussed their experiences with their adult children (18+ years) and/or reflected on their experiences of when their children were younger (see Table 1 for an overview of participant demographics). On average, ‘heavy drinkers’ reported consuming an average of 9.1 standard drinks per day, while ‘light drinkers’ reported consuming an average of one standard drink per day. A substantial number of participants reported a combined household income of AUD$110,000 or more, approximately USD$83,750, suggesting the expressed views and experiences likely reflect those of middle class, or those with greater than average access to material and social resources. In the following we refer to participants by their gender [whether they identified as a man (M) or woman (W)], age, whether they were a light (LD) or heavy drinker (HD) and whether they had a dependent child or children [dependants] or children aged 18 years and older.

Interview transcripts were imported into NVivo12 for data management, coding and analysis. Coding was guided by Neale’s Iterative Categorisation approach (Neale, 2016, 2020), involving reading, reflection and close analysis of the interview material, allowing for the thematic exploration of how parents manage potential tensions between normative discourses of ‘competent parenting’ and alcohol consumption. Iterative categorisation provides a systematic and transparent technique for analysing qualitative interview data. Analysis started with the creation of deductive codes based on the research question and interview guide, followed by the generation of inductive codes (Neale, 2016, 2020). During the descriptive phase of analysis, the broader coding groups (in this case exported from NVivo to separate Word documents) were explored in more depth to identify important phrases, categories or themes in the data (Neale, 2020). The final interpretive process involved identifying patterns, associations, and explanations within the data and grouping these together (Neale, 2020). Following Neale’s approach, the first author
[MC] read the transcripts several times to familiarise herself with the data. In consultation with the broader research team, the first author then coded the transcripts to the broad themes derived deductively from the research question on the management of tensions between normative discourses and alcohol consumption, and the interview guide with particular focus to the social influences, consumption context and the affective benefits of consumption. Once the interviews had been initially coded, a finer-grained analysis was conducted to examine individual themes in-depth and identify important quotations, experiences, nuances and interconnections between themes. All members of the research team were from public health and sociology backgrounds, all identified as women and half were parents. We acknowledge that this has undoubtedly shaped our research design and the interpretative process.

Our analysis was broadly informed by interactional role theory and the multiple burden hypothesis. This directed us to consider the multiple entanglements of parents’ routines, roles, responsibilities with their alcohol consumption practices. The following section is ordered under the four superordinate themes identified through the analysis process: motivations and affective

| TABLE 1 Participant demographics |
|---------------------------------|
| Gender                          |
| Man 12                          |
| Woman 18                        |
| State or territory              |
| Victoria 12                     |
| New South Wales 7               |
| Queensland 6                   |
| Australian Capital Territory 2  |
| Northern Territory 1            |
| South Australia 1               |
| Tasmania 1                      |
| Drinking status                 |
| Light drinkers 16               |
| Heavy drinkers 14               |
| Annual household income         |
| $0–$29,999 2                    |
| $30,000–$64,999 7               |
| $65,000–$109,000 8              |
| $110,000+ 13                    |
| Employment status               |
| Full time 13                    |
| Part time 4                     |
| Retired 3                       |
| Parent/caregiver and other+a    |
| Part time and student 3         |

+aOther could include being a student or part time work alongside caregiving duties.
benefits of drinking; considering consumption; role modelling and parent-child interactions; and ‘competent parenting’ discourses and parental drinking. In the analysis that follows, selected quotations are those most illustrative of the identified themes and concepts. Some interview extracts have been edited for grammar and semantic clarity.

FINDINGS

Participants described managing their alcohol consumption in relation to their social role as a parent and this was often framed in the context of ideals of ‘competent parenting’. In their accounts, some participants actively resisted the idea that their drinking was influenced by their parental role, while other participants articulated notions of responsibility and directly referenced efforts to engage in ‘competent parenting’ which they said influenced their consumption practices. Participants with adult children, particularly those whose children had not expressed an interest in alcohol, did not say that their current role as a parent influenced their consumption. Among participants who described changing their drinking because of their role as a parent, this manifested in a range of ways. These included changing the quantity consumed, adjusting the timing of consumption, and developing a new heightened awareness of drinking practices; with the children in their care both constraining consumption or acting as a motivation to consume. The relationship between being a parent and engaging in drinking was further entangled with a range of views and meanings about how responsibility for children affected consumption, and also about the effects of parenting on their drinking and vice versa.

Motivations and affective benefits of drinking

In exploring the motivators of parents’ consumption, including the symbolic and affective benefits, we found it was common for participants to articulate notions of relaxation when describing their consumption at home. The tension reduction effects of alcohol were discussed as important in the context of managing the burdens from their roles and responsibilities, for example, drinking after a hard or stressful day at work. Many participants also described alcohol as a form of ‘reward’ for making it to the end of the workday or week. In participant accounts of alcohol consumption within the home, drinking was described as sequenced with parental responsibilities and other practices associated with the multiple social roles they held in the home setting (e.g., parent, partner). Some participants discussed the way in which consumption was restricted as these jobs or responsibilities had to be met or fulfilled before consumption could begin. As one man said, “I’ve got to be responsible most of time [...] Yes, so you’ve always got to be ready to do whatever you need to do” [M, 38 years, LD, dependants]. For many participants, simply being busy meant there was not time to drink (see also Knibbe et al., 1987). When children were not around and the associated responsibilities were not a present concern, alcohol consumption was described as less structured and sequenced.

Several participants described drinking in ways that suggested that alcohol acted to symbolise and reinforce the transition between roles, for example, that the work portion of the day was over and it was time to move into a different set of activities orientated around being a parent or a partner (e.g., relaxation and home-based practices). In a similar way, alcohol and the practice of drinking was also discussed as marking a space (both physical and emotional) and time away from domestic routines and parental responsibilities (see also Lyons et al., 2014). Once children were
in bed and the daily routines of parenting/child rearing were complete, participants said they felt enabled, and looked forward to, having a drink. A few participants also explicitly discussed consumption as a reward or ‘celebration’ for managing children and parental responsibilities;

I have a four-year-old daughter and it’s very much the thing you look forward to in the evening, unwind, ah, relax. And that does tend to be with a glass of wine, or more than one glass of wine [W, 42 years, HD, dependants].

Consumption on weekends was commonly described, with participants expressing how this presented an opportunity to drink without ramifications on work performance the following day. Some participants discussed the social elements of consumption, either with a partner or with larger groups of friends, which added to the pleasures they experienced when consuming. When consumed in social settings, and especially when outside of the home, parents and carers’ consumption was described as enjoyable and less constrained by parenting responsibilities which may otherwise limit consumption. Indeed, in some participant accounts, less moderate consumption was validated in these contexts.

Then, on the other hand, if I was on a night out, away from those responsibilities, and I got a bit tipsy, you haven’t got those responsibilities. You’re - it’s almost like you’re allowed. You’re allowed to feel like that [W, 49 years, LD, dependants].

Some participants (both light and heavy drinkers) also emphasised the taste of alcohol as a pleasurable element and several participants associated consumption with weather or seasons, often highlighting the refreshing qualities of beverages in these contexts.

Considering consumption

Among those participants who explicitly described their parental role as influencing their drinking, some said that while they would still drink, they were drinking less than they otherwise would if their children were not there. This was often articulated as actively limiting consumption in order to avoid intoxication because, in their view, drinking to intoxication when children were present was inappropriate, particularly in light of the responsibilities discussed earlier (see also Raitasalo et al., 2011). Other participants expressed that they had no time to be hungover and consequently avoided drinking to intoxication. This is illustrated in the following two quotations:

The days where I can just lie on the couch all day and feel sorry for myself, these are less of an option [W, 42 years, HD, dependants].

I don’t think that’s [young children being present] ever stopped us from having a drink. It obviously – and we haven’t changed anyway, but it’s stopped us from being drunk. So, we’ve never – obviously, with little kids, you want to be in control, and you don’t want something to happen just because you’ve started to have a bottle of wine each or something [M, 52 years, LD, 18+].

For other participants, “drinking less” was framed as a means to limit what children were exposed to, that is, limited alcohol consumed in the presence of children. As one participant
explained, “she [daughter] has never seen me drunk, and I’m very conscious of them not seeing me like that, but they do still see me having beer” [W, 39 years, HD, dependants]. This was easily achieved for some by waiting until children were in bed; thus, fitting drinking into the sequence of practices or daily routines.

Participant accounts suggested that parenthood changed both the meanings and impetuses for consumption, as well as the amount consumed. Some accounts from female participants highlighted the ways in which alcohol (both consumption and the absence of opportunities to consume) served to delineate and express roles and identities (see also Emslie et al., 2015), and this was particularly the case for working mothers. For instance, one woman told us she had “a glass of wine while I was cooking dinner to remind myself that I was a civilised person and not just a parent” [W, 54 years, HD, dependants]. Similarly, for other participants, drinking was described as an important element in shared adult moments. A few participants described shifting from patterns of occasional and sporadic drinking, or only drinking in social settings, into more regular drinking patterns, such as every night. Participants who experienced such shifts attributed these changes to parenthood. As illustrated below, for some this was particularly due to the challenges and demands of parenthood.

I found that parenthood makes me want wine more, particularly when my daughter was younger; particularly when she was a baby and a toddler. Getting her into bed – she was an extremely bad sleeper and getting her into bed was such an achievement that it felt like every day needed celebrating that fact. [...] My glass of wine every night is basically a little celebration that the workday is done, that the parenting day is done [...] – it’s almost like a little ‘me time’ celebration. It’s just for me, really. Apart from the times when I’m sharing a drink with my husband as a ‘let’s relax and watch some TV and chat’, kind of thing. When I’m drinking on my own, it definitely is a little slice of me time. [W, 43 years, LD, dependants]

While several participants did not explicitly describe a change in the amount of alcohol consumed since having children, they did speak of being more “aware” or conscious of what they were doing and consuming. As one man explained, “I’m definitely more, have more of an idea, take a bit more an idea of how often or how many beers I might have. A bit more aware of the situation I suppose” [M, 43 years, HD, dependants]. Participants often framed being conscious of their drinking as constructive, implying a sense of ‘control’ that came along with this awareness, which was described as being necessitated by the presence of children and the responsibilities they posed.

**Role modelling and parent–child interactions**

Even those participants who did not describe being busy with additional duties discussed finding it necessary to limit consumption because of the accountabilities attached to the role of parenthood. Participant accounts suggested that for some parents, childhood was positioned as a precarious and uncertain time, full of possibilities and events that might occur, which would require parental direction and control, for example, going to the doctors or to the hospital. As such, parents were continually considering children’s needs or the necessity to respond to spontaneous requirements or events that required having a clear head. Consequently, the imperative to be a competent parent and the norms around how to enact this—for example, maintaining children’s
safety and meeting their needs—superseded other practices and desires, such as consuming alcohol (see also Raitasalo et al., 2011).

While the responsibilities attached to parenthood were enacted in many ways, participant accounts of their drinking suggest that, even in a cultural setting such as Australia where intoxication is common and widely accepted, drinking heavily in the presence of children for whom one is responsible is not considered acceptable (see also Raitasalo et al., 2011). Participants spoke about children’s dependency and an obligation to model safe consumption practices. Many participants explained they had changed their drinking because they did not want to negatively influence their children. The notion of ‘role modelling’ and its implications were discussed in a variety of ways, but many participants’ accounts reflected an awareness of the social and cultural acceptability of drinking in Australia, which they considered might encourage young people to take up the practice of alcohol consumption. Participants discussed a need to shield young children from the normative social and cultural acceptability of alcohol and drinking, but also acknowledged that cultural understandings of, and orientation towards, alcohol consumption could be instilled in children through their own practices and what happened in the home.

Yeah, that’s always in the back of my mind as well because I am a schoolteacher also, so I can see what parents do influences kids a lot and what they say and how they’re treated and things like that. I am aware of it all, whether that makes a huge influence or difference, again I’m just more aware of it [M, 43 years, HD, dependants].

When discussing the cultural acceptability of alcohol, many participants reflected on their own drinking as well as what they had observed growing up (that is, their own parents’ consumption) and the intergenerational transference of drinking practices. For some participants, their personal and family history had important ramifications for the present:

I definitely don’t want to drink to get to that stage [intoxication]. I don’t know if it’s relevant to this study, but I actually had a mother who was an alcoholic. So that is enough, it was a lesson for me for my whole life [W, 56 years, LD, 18+].

Several participants framed conversations with children about alcohol as being positive and beneficial; it was important to these participants to impress upon younger generations the potential harms (e.g., ‘permanent brain damage’), and to delineate acceptable boundaries around consumption and behaviour. As described by participants, such conversations were not limited to the risks or harms, but were also framed around making ‘safe’ choices and being aware of the risks when they inevitably did consume. As one woman explained, “I think it’s important to teach them that – well, to teach them that in moderation or that it is okay to have a drink but it’s how you drink [that] is the important thing” [W, 61 years, LD, 18+].

‘Competent parenting’ discourses and parental drinking

Parents’ accounts of limiting their consumption often reflected and reproduced broader discourses establishing thresholds and standards of ‘competent parenting’, and the experiences of social pressure and parental guilt these discourses can imply. The impact of these discourses could be seen in some participants’ problematisations of their own practices, such that they constituted their consumption as unhealthy or they stated that what they were doing was not ideal. Further,
several participants expressed a concern for the intergenerational transference of drinking patterns and ramifications for future generations. Experiences of guilt in relation to consumption and parenting discourses, were most commonly brought to the fore in female participants’ discussions. These problematisations of drinking practices were constituted by several participants as personal failings, suggesting little resistance to the injunctions of ‘competent parenting’ discourses (see also Valentine et al., 2019).

I do feel that, when we’re shopping and I take her into the bottle shop again, I do feel bad. Like, wow, look at me with my four-year-old. That is something that I do think sometimes, like, oh, here I am again buying a bottle of wine with my four-year-old, yeah [W, 42 years, HD, dependants].

For some, these concerns prompted efforts to limit or constrain consumption in the presence of children. For others, it was not as straightforward as limiting consumption when children were around. As one woman explains, “I didn’t consciously hide it but I didn’t flaunt it with them either. There is that element of, they probably don’t need to see this” [W, 46 years, LD, 18+]. The desire to shield children is suggestive of an unresolved tension that could contribute to a pervasive sense of guilt and inadequacy. In contrast, a few participants’ accounts suggested some resistance to the injunctions of broader discourses. For instance, one woman’s sense of nostalgia for “the good old days pre-child with all the freedom” [W, 42 years, HD, dependants] meant she resisted ceasing consumption entirely.

The only time that women in this study described ceasing alcohol consumption completely was during pregnancy and despite this not being explored in detail, the benefits to the child were discussed as making this an ‘easy decision’. It is worth noting that the strongly moralised dominant public health discourse, including government guidelines advising women not to consume alcohol while pregnant, breastfeeding or even considering pregnancy (NHMRC, 2020), may also contribute to rendering the decision not to drink an easy one to make. However, the censure or judgement they encountered from others made this more difficult when participants were in the early stages of pregnancy and not ready to reveal their pregnancy to extended family or friends. Participants’ discussion of their experiences of censure highlighted the strong cultural and social role of alcohol in Australia, where not consuming alcohol is seen as almost incomprehensible. Men in our study, who discussed having a partner who was pregnant, did not cease consumption during this time.

Several, although not all, light drinking participants said that their role as parents and the responsibility to care for children had no influence on their drinking practices. These participants explained that their alcohol consumption, which they described as one or two drinks a night, posed no risk to their capabilities to parent and no risk for children and children’s awareness or understanding of alcohol. Here, alcohol was framed in positive terms, as something to “take the edge off” [W, 43 years, LD, dependants]. This again was raised in the context of modelling for future generations; light drinkers framed their consumption practices as an opportunity to teach moderation. In the Australian context where alcohol was considered as part of everyday life, participants said that it was good for their children to see them drinking occasionally. There were caveats on this, however, if drinking was to become more regular participants discussed how they would need to reassess their drinking practices and possibly reduce their consumption. Only one heavy drinker expressed that they believed their consumption posed no risk to their parenting capabilities; in this participant’s case their children were over 18 years and no longer living at home.
DISCUSSION AND CONCLUSION

This article has examined how a sample of parents and carers in Australia considered and managed their alcohol use in the context of neoliberal ideals of ‘competent parenting’. We analysed parents’ descriptions of their drinking practices and the various elements that constrained or encouraged their drinking, identifying diverse motivations and affective benefits as well as various routines and the associated practical constraints. We illuminated parents’ considerations around their consumption, parent-child interactions around alcohol consumption, and the influence on consumption of wider societal pressures, including engagements with discourses of ‘competent parenting’. Our analysis has also briefly considered the intergenerational domestic transference of cultural drinking values and responsibilities, highlighting some of the ways parents and carers grappled with competing social roles and the moral discourses around parenting.

While previous research (particularly quantitative; Kuntsche et al., 2009) has considered how the various roles parents perform, and often juggle, may encourage or constrain alcohol consumption, the parental experiences discussed here show the complex ways in which parents managed the tensions of engaging in forms of consumption compatible with their understandings of their social roles (parenthood and other roles) and broader social discourses. As have other researchers (Bloomfield et al., 2006; Knibbe et al., 1987; Kuntsche et al., 2006; Wilsnack et al., 2000), we found that some parents, with the routines and structures associated with their everyday lives, including multiple responsibilities, had fewer opportunities to engage in heavy drinking occasions. While the majority of participants were female, we found both male and female participants experienced fewer opportunities for sustained consumption and identified similar tensions around consumption. Similarly, the effects of intoxication were constituted as incompatible with both mothers’ and fathers’ understandings of their role as parents, and especially as competent parents. Participants’ discussions of the necessity for control, alongside the responsibilities they felt obligated to undertake, illuminated their embodiments of the ‘competent parenting’ discourses, reproducing these standards and practices of care, particularly with regards to alcohol consumption.

The practices described were consistent with the preoccupation in dominant public health discourses of minimising children’s exposure to alcohol consumption, and the role parents play in socialising children to alcohol in ‘appropriate’ ways (Gilligan & Kypri, 2012; NHMRC, 2020; Ryan et al., 2011). We found that participants drew on the idea of ‘competent parenting’ as a constructed responsibility (Geinger et al., 2014; NHMRC, 2020) to model and introduce children to alcohol. This role modelling was part of the practices of parenting, with participants engaging in active performances of their parenting obligations. On the other hand, however, participant accounts simultaneously revealed the importance of alcohol for parents in managing emotions associated with parenting, and delineating time, experiences and an identity outside of being a parent. As has been argued elsewhere in terms of parents’ drug consumption and practices (Valentine et al., 2019), acknowledging parents’ experiences of pleasure and reward reveals a far more complex picture and challenges us to move beyond thinking about parents’ alcohol consumption only in terms of risk and harm.

Parents’ constructions of children as dependants in need of care and support from adults was integral in defining many of the responsibilities through which drinking was sequenced and by which it was constrained. Drinking, for the participants in this study, was bounded with responsibility and needed to be actively negotiated. Normative expectations about ‘competent parenting’ (formed through collective social valuing) were materialised by parents as anxieties, representing a set of subjective constraints surrounding lifestyle possibilities (Martens et al., 2004; Valentine et al., 2019). For participants in this study, alcohol inhabited a liminal space as both a source of anxiety, while also offering a means for relaxation. As has been shown elsewhere (Lyons et al., 2014), we
found alcohol often provided a way to release feelings of pressure or tension that had built over the day or over time. Because parents and carers were required to devote much of their time to thinking about the needs of their children, when they did get to consume, alcohol had increased significance as a shared adult moment and as signifying “me time”. Here alcohol acted both to alleviate tensions and delineate various social roles, but it is important to note that this did not occur seamlessly, with parents, most notably mothers, having to negotiate broader social ‘competent parenting’ discourses and feelings of guilt around their consumption to achieve these effects.

Some participants who discussed being cognisant of the transmission of drinking cultures from parents to children (Bandura, 1977; Valentine et al., 2014), accommodated children into their drinking practices, while other participants actively excluded or shielded children from observing adult drinking. In line with previous research, a concern with not ‘setting a bad example’ was important to participants (Wolf & Chávez, 2015), with many explaining that they gave thought to their children’s perceptions of alcohol and the impacts of their own drinking on their children’s future behaviour (i.e., through modelling). The reflexivity of parents about their own and their children’s childhoods highlights the importance of future research exploring how alcohol consumption acts as a mediator of social relations, associated lifestyles and identities, as well as pointing to the need to further unpack the processes and practices associated with learning to consume.

In exploring the parental role here and in future work, it is necessary to acknowledge that engagement in the role itself is shaped by multiple influences including social context, cultural background, family, previous experiences, gender, employment, and many other factors. For example, the most recent COVID-19 pandemic which sparked many lockdowns across Australia and the world, has refocused our attention on the structural constraints women face and the care practices they engage in (Cook et al., 2021). Additionally, family life is subject to changing norms around ‘competent parenting’ which have, and arguably will continue to, intensify scrutiny on parenting and the responsibility to parent in line with societal standards (valentine et al., 2019). Treatment or prevention focussed public health work and policy tend to entail limited consideration of pleasures or other benefits of alcohol consumption for parents [for example, the “you haven’t been drinking alone” campaign (ADF, 2022)]. However, our analysis shows that these are integral considerations in parents’ management of their consumption. We found that parents, even those deemed to be drinking ‘heavily’, actively consider their parenting in relation to alcohol consumption. They do so by negotiating their consumption within the constraints and opportunities afforded by their multiple social roles and responsibilities (as well as with the material resources at their disposal). When focussing only on parents’ shortcomings and potential harms to the next generation (Banwell & Bammer, 2006; Gillies, 2005), given the continuing gendered divisions of labour and parenting, the desires and needs of parents, and especially mothers are overlooked. If there is to be continued emphasis on parenting in alcohol policy and intervention, then research should consider parents’ needs and motivations in order to better reflect the complexity of lived experience, as we have begun to show here. Furthermore, inclusion of narratives of pleasure may serve as an active counter to the potential stigmatisation of parents’ consumption. Judging parents or making them feel guilty for moderate consumption is unhelpful, and when parents consider this one of their few adult pleasures (as we show), then such judgement may only lead to resentment and dismissal of public health efforts to intervene or present alternatives (Jayne et al., 2011; Spencer, 2013).

The following limitations should be noted. Firstly, the sample is made up of a broad age range of participants, including parents who were discussing current practices with young children, as well as those reflecting on when their children were younger. Additionally, this sub-sample was drawn from a larger study of people who consumed alcohol in the home, not focussed on parents and parenting. These limitations are likely to have impacted the drinking behaviour and parental
perspectives captured. For example, because of the broad range of experiences captured we were not able to examine differences based on children’s age. The larger sample also focussed on two groups of drinkers (LD and HD) and as a result, abstainers and people who consumed alcohol above the national guidelines but consumed less than 35 standard alcohol drinks a week were excluded. Finally, data collection was completed prior to COVID-19 lockdowns which undoubtedly shifted contexts and practices of consumption and may have exacerbated many of the existing tensions entangled with alcohol consumption for parents (Cook et al., 2021).

In conclusion, our analysis contributes to research exploring parents’ experiences of alcohol consumption, by illuminating how a sample of Australian parents reported managing their alcohol use in the context of ‘competent parenting’. The neoliberal focus on individual responsibility and the importance placed on the potential of children as future citizens means parents’ consumption, particularly in public health and ‘competent parenting’ discourses, is only thought about in terms of harms for future generations. As we highlight, this is far from the complex realities experienced by these participants for whom alcohol was significant in practices of relaxation, in delineating time, and as a symbolic marker and generator of shared adult moments. Our analysis extends previous research by showing the active negotiations in which parents engaged, including those defined as ‘heavy drinkers’, in order to manage competing parenting and public health/neoliberal demands, along with the roles and responsibilities that constrained or encouraged their drinking. When considering parents’ alcohol consumption in the future, we argue that it is important to acknowledge the importance of adults’ pleasure and wellbeing and their agentic capacities to carefully negotiate drinking around children, alongside children’s needs for safety and modelling of safer alcohol consumption.

ACKNOWLEDGEMENTS
We thank the participants who so generously gave their time and shared their insights and experiences. The Centre for Alcohol Policy Research receives core funding from the Foundation for Alcohol Research and Education (FARE). This work was supported by an Australian Government Research Training Program Scholarship awarded to Megan Cook. Sarah MacLean and Amy Pennay are funded by Discovery Early Career Research Awards from the Australian Research Council (DE180100016 and DE190101074 respectively). This work was also funded by an Australian Research Council Discovery Project (DP2000003316).

Open access publishing facilitated by La Trobe University, as part of the Wiley - La Trobe University agreement via the Council of Australian University Librarians.

CONFLICT OF INTEREST
No conflicts of interest to disclose.

ETHICS STATEMENT
This research has been approved by the La Trobe Human Ethics Committee [HEC18343].

AUTHOR CONTRIBUTIONS
Megan Cook: Formal analysis and writing—original draft (lead); Amy Pennay: Supervision and writing—review & editing (equal); Sarah MacLean: Conceptualisation, Investigation, Methodology, Supervision and writing—review & editing (equal); Robyn Dwyer: Conceptualisation, Investi-
gation, Methodology, Supervision and writing—review & editing (equal); Janette Mugavin: Project administration (lead), Investigation and writing—review and editing (equal); Sarah Callinan: Conceptualisation, Investigation, Methodology, Supervision and writing—review & editing (equal).

DATA AVAILABILITY STATEMENT
Authors elect to not share data.

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ENDNOTE
1 These were the guidelines at the time of the study. New guidelines were released in 2020 which now advise no more than 10 standard drinks a week and no more than four standard drinks on any one day (NHMRC, 2020).

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How to cite this article: Cook, M., Pennay, A., MacLean, S., Dwyer, R., Mugavin, J., & Callinan, S. (2022). Parents’ management of alcohol in the context of discourses of ‘competent’ parenting: A qualitative analysis. Sociology of Health & Illness, 44(6), 1009–1026. https://doi.org/10.1111/1467-9566.13475