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# Women's informal surveillance of alcohol consumption in intimate heterosexual relationships during the early parenting period

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## ABSTRACT

Alcohol consumption may play an important part in intimate heterosexual relationships, including regulating partners' emotional well-being and sustaining relational bonds. Quantitative studies consistently indicate that women play a prominent role in the informal surveillance of their partners' drinking. This paper aims to contribute to the evidence-base by examining possible meanings and reasons underpinning the surveillance of drinking in the early parenting period. In doing so, we draw from the results of a study conducted in Yorkshire (UK), exploring accounts of alcohol drinking practices in women up to three years after giving birth. This is a phase of family readjustment, in which childcare is at its most time- and labour-intensive. Free Association Narrative Interviews (FANI) were conducted between 2017 and 2018 with 21 working mothers from different backgrounds, each interviewed twice about daily routines and drinking practices. Narrative and thematic content analysis cast light on the gendered aspects of surveillance of alcohol consumption. Participants described seeking to exert informal surveillance over their partners' drinking and to set boundaries around what was considered an acceptable level of consumption. Their accounts reflected how traditional gender performances and expectations were relationally constructed through drinking practices. Women's attempts at surveillance were generally articulated in non-confrontational language. However, in the interviews, women expressed disappointment and unhappiness that partners' drinking activities were associated with an unequal distribution of domestic responsibilities. Through informal surveillance of drinking, we argue, women performed actions of health-risk management within the family. Most importantly, informal surveillance appeared to be a strategy which sought to negotiate a fairer allocation of household labour, and greater equity between the partners. Findings demonstrates how inequalities in power play out and permeate intimate relationships, re-affirming women's traditional role in the regulation of drinking. Drinking practices, we conclude, provide valuable insights into how gender operates in the sphere of intimacy.

## 1. Introduction

The social context in which alcohol is consumed is key to understanding patterns of consumption. The domestic environment represents one such context, alongside core family relationships where drinking practices are learnt, reproduced, and acquire meaning (Jayne and Valentine, 2016). Alcohol consumption is also an important feature of intimate relationships and can play a role in regulating partners'

emotional well-being and the generation (or dissolution) of relational bonds (Leonard and Eiden, 2007; Wilson et al., 2020). Extensive quantitative literature exploring the informal regulation of alcohol consumption in heterosexual couples has shown that women play an important role in the surveillance of their partners' drinking, across a range of intimate relationships (e.g., cohabitation, marriage) and drinking habits (e.g., low-high risk consumption patterns; cf. Holmila, 1987; Room et al., 1991; Holmila et al., 2005; Raitasalo, 2008; Dietze

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et al., 2013). There is remarkably little qualitative research exploring the informal surveillance of drinking in intimate heterosexual relationships (Järvinen, 1991; Suonpaa, 2005). Järvinen (1991), for example, analysed the registers of the Finnish Alcohol Monopoly covering the 1940s–1950s, and observed that women were often considered as liquor procurers for their spouses. Järvinen attributed women's surveillance on drinking to a "male-female dualism", reflected in the oppositions between "male destructivity-female nurturance, male rebellion-female compliance and ... male drinking-female temperance" (1991: 396). Her contribution, however, needs to be extended and updated, in light of the narrowing gap between women's and men's drinking patterns that has occurred in Western countries over the past forty years (Erol and Karpayak, 2015).

This paper adds to the current knowledge and updates aspects of Järvinen's work shedding light on motivations and meanings underpinning women's surveillance, focusing on the key transitional phase of the early parenting period. In doing this, we draw on data from a qualitative study conducted in South Yorkshire, England, looking at drinking practices in women from different socio-economic backgrounds during the first three years after giving birth, and how these drinking practices might be influenced by the return to work after maternity leave.

Women's informal surveillance of drinking can be seen as one of the practices of health risk management that they direct to their family members, and to children in particular. Consistent with "intensive mothering" ideologies, women are considered primarily responsible for the safe growth of their children and are increasingly expected to anticipate possible dangers (Hays, 1998; Lupton, 1995, 2011). Research on maternal health practices (e.g., related to reproductive health, infants' feeding and nutrition, environmental risks management) has documented the pervasiveness of 'good mother' imperatives, and demonstrated that women use their bodily practices and consumer choices to protect their children's health (Mackendrick, 2014; Reich, 2014; Bissell et al., 2018; Elliott and Bowen, 2018). As children's wellbeing is viewed as the reflection of parenting skills, by preventing risks women affirm their being 'good enough' mothers and defend themselves from self- and societal blame, particularly acute with reference to disadvantaged mothers (Bissell et al., 2018; Elliott and Bowen, 2018). Importantly, women's approaches and responses to risk are closely connected with their caring responsibilities. For example, Umamaheswar and Tan (2020) found that during the COVID-19 pandemic the perception of virological risks was similar in women and men, but the former manifested higher anxiety and distress, due to the overwhelming load of household labour from which the latter were psychologically and socially exempted.

Household labour is a complex entity, inclusive of physical and non-physical tasks (e.g., house cleanings, childcare-related work, cognitive and emotional activities), and is particularly intense in the early parenting period (Rao, 2017; Delicate et al., 2018; Daminger, 2019). As women are viewed as the main family carers, their informal surveillance on partners' drinking could be intertwined with the request for greater support around household labour, that alcohol consumption could limit. Indeed, the unbalanced division of household labour remains central for the understanding of gender inequalities. These are often reaffirmed in the domestic sphere, where the cultural model male breadwinner/female homemaker tends to be protected and idealised (Damasko, 2011; Hochschild and Machung, 2012). Scholarly literature on gender and work has observed that, over the past few decades, women's unprecedented gains in labour force opportunities have not been counterbalanced by a fairer reallocation of domestic responsibilities (Bianchi et al., 2012; Hochschild and Machung, 2012). The growing involvement of men in domestic labour, and childcare in particular, has not transformed the imbalance of caring activities and represents what some have described as a 'stalled revolution' (Hochschild and Machung, 2012; Raley et al., 2012). In this context, Collins (2020) has argued that structural factors including labour market organisation, family policies and normative

assumptions "operate at the individual and interactional levels of meaning making through shared scripts, frames, narratives and repertoires" (2020: 852), through which women try to make sense of and solve the conflicts stemming from their presence in paid and unpaid labour. Thus, the informal surveillance that the working mothers interviewed exerted on their partners' drinking could, we propose, represent a strategy acting at the micro-level, through which women negotiated a fairer division of household labour, and thus greater power and equity, within their families. To explore these processes, in this paper gender, alcohol consumption and family relationships are understood as the product of social interactions, defining women's and men's place in their life settings.

### 1.1. Negotiating and constructing gender, alcohol consumption and family relationships

Gender, alcohol consumption and family relationships are here conceived of as an accomplishment, or as "emergent feature [s] of social situations" (West and Zimmerman, 1987: 126). Influential sociological theories have emphasised the performative nature of gender, created in a negotiation process in which gender categories congeal and are given form through practices culturally recognised as female- or male-oriented. In doing so, individuals taken on multiple and shifting gender identities (Connell, 1995; Butler, 1999). Through the habitual engagement in given behaviours, aspects of gender and power relationships become concrete and recognised and, as such, institutionalised (West and Zimmerman, 1987).

The place alcohol has in the negotiation of gender in Western countries has been widely discussed in the literature. Women's drinking has been frequently characterised in normative terms as moderate, responsible and self-controlled, features aligned with an ideal type of heterosexual, respectable femininity (Lyons, 2009; Emslie et al., 2015). Excessive drinking in women has typically been perceived as 'unfeminine', generating feelings of disgust (Lyons, 2009). Conversely, men's drinking practices have been often connected with the notion of 'hegemonic masculinity', associated with ideas of power, heterosexuality and physical strength (Connell and Messerschmidt, 2005). Drinking has been described as a typically male activity, associated with the ability to 'handle' alcohol and a tolerance for public drinking (e.g., Lyons, 2009; Ostrowsky, 2018). However, studies have also found that the relationship between femininity, masculinity and alcohol is flexible and shifting. For example, Emslie et al. (2015, 2013) found that drinking alcohol offered both women and men a space in midlife to temporarily step away from quotidian gender conventions.

Similarly, in the field of family studies, some have proposed to consider family not as a static institution, but as the product of situated interactions (Morgan, 1996, 2011). In this view, families result from the routine accomplishment of actions "oriented towards another family member" and through which "the other is defined as a family member" (Morgan, 2011: 3). This negotiation of roles and meanings, occurring through the daily activities, conveys the qualities of regularity and adaptability necessary for the organisation of daily life. This approach has been subsequently extended by Smart (2007) to the study of intimate relationships. In contrast with sociological arguments about the decline of family and relational commitment, her 'personal life' perspective emphasises ideas such as connectedness, embeddedness and relationality. For Smart, people construct and characterise relationships drawing on cultural heritage, memory, biography and emotions. In these theorisations, daily actions are kaleidoscopic, and may be considered from different angles. For example, in the changed family context of the early parenting period, consuming alcohol may be described as a marker of parental role, gender identity, emotional ties or power distribution. These reflections set the scene for the findings regarding how gender and intimate relationship constructed through drinking practices. But before doing so, we describe the research methods.

## 2. The study

### 2.1. Participants and recruitment

The data utilised in this paper are drawn from a qualitative study set in North-Eastern England using a narrative approach (FANI) to explore women's renegotiation of drinking practices in the early parenting period. Ethical approval was granted by the School of Health and Related Research Ethics Committee, University of Sheffield. We aimed to recruit a purposive sample of around 20 participants. Women taking part in the study were a) over the age of 18; b) primarily first-time mothers; c) involved in paid labour, having been back at work for between a few months and up to two years after maternity leave and d) consumed at least one drink per month (to include very light drinkers and exclude abstainers). As mothering practices and alcohol consumption and meanings vary along the social spectrum (Thomson et al., 2011; IAS, 2016), we aimed at recruiting mothers from different backgrounds, as defined through occupation. Following the National Statistics Socio-Economic Classification (ONS, 2016a), we identified three occupational groups: non-professionals (corresponding to routine and manual occupations), participants with intermediate job profiles (intermediate occupations), and professionals (higher managerial, administrative and professional occupations). When assessing eligibility, employment information was collected, and participants were assigned to a cluster. While for reasons of space issues related to participants' background will be analysed in a forthcoming paper, here we focus on how gender operates through the surveillance of drinking within intimate relationships. Since it proved difficult to reach non-professionals, a range of recruitment strategies were adopted. These included sending email invitations through the university mailing list, disseminating posters and flyers in university and community settings (e.g., infant schools, post offices), snowballing and advertising on Facebook parenting groups. All potential participants were provided with a detailed information sheet explaining what participation involved. The twenty-one eligible participants, aged 23–30, were unknown by the

authors. They included eight non-professionals, ten professionals and three with intermediate job profiles; 11 were married, nine were cohabiting and one was separated (Table 1). We aimed for a sample as varied as possible, but in the end there were fewer lower paid women and women with less education than would be found in the broader population, and all the participants were white.

### 2.2. Method and interviews

As maternal drinking may be influenced by implicit assumptions emphasising “respectability” (Lyons, 2009), the method choice was guided by the intent to elicit accounts of drinking practices devoid in ways that served to reduce defensiveness and the need to present the self as socially desirable. To this purpose, we adopted the FANI method (detailed in Hollway and Jefferson, 2013), widely employed to explore topics likely to generate apprehension, including daily experiences of health practices (Bissell et al., 2016, 2018).

The method conceives interviewee and interviewer as “psycho-social subjects”, namely as the meeting point between internal reality and social forces. In contrast to other qualitative research traditions, research participants (and researchers) are not theorised as rational and unitary. Since they filter experiences through their psyche, they are not able to depict reality ‘like it is’. Hence, their accounts may be contradictory, and unconsciously protect vulnerable aspects of self. Thus, the FANI method seeks to research “beyond and below the text” (Hollway, 2009: 462), considering as relevant information discrepant accounts and non-discursive interactions occurring in the research setting (e.g., manifestations of affective states, meaning-making processes). As narratives provide a means to access the reality, although not without ambiguities, Hollway and Jefferson adopt a critical realist perspective, informing also this research. The method employs open-ended questions to elicit the flow of accounts, while remaining close to participants' daily experiences. In this way, over two or more interview sessions, these can develop thoughts and feelings associated with the research topic, allowing the interviewer to access how they make sense of their inner

**Table 1**  
Research participants.

Participants	Age	Child (ren)'s age(s) at next birthday	Time frame between interviews (days)	Occupational profile	Education <sup>a</sup>	Marital status
<b>Routine and manual occupations</b>						
Wendy	20–25	2	7	Administrative	NVQ	Cohabiting
Elizabeth	26–30	3	22	Administrative	NVQ	Separated
Christine	31–35	2	single interview	Administrative	GCSE	Cohabiting
Rosa	26–30	2	14	Housekeeper	A-Level	Married
Tracy	26–30	3	7	Cashier	Bachelor's degree	Cohabiting
Margaret	26–30	2	14	Waitress	BTEC	Married
Valentina	26–30	1st Child: 3 2nd Child: 1	7	School supervisor, morning cleaner	NVQ	Cohabiting
Lorna	26–30	1st child: 4 2nd child: 2	7	Saleswoman	NVQ	Married
<b>Higher managerial, administrative and professional occupations</b>						
Anna	36–40	3	27	Project manager	Ph.D.	Married
Kate	31–35	3	17	Accountant	CPA	Married
Gemma	31–35	2	9	Researcher	Ph.D.	Married
Jane	31–35	2	26	Administrative	Master's degree	Married
Sophie	26–30	3	9	Researcher	Ph.D.	Cohabiting
Ellie	36–40	2	17	Project manager	Master's degree	Cohabiting
Julia	36–40	3	8	Researcher	Master's degree	Married
Andrea	36–40	2	13	Researcher	Ph.D.	Cohabiting
Louise	26–30	2	6	Researcher	Ph.D.	Married
Laura	31–35	2	22	Researcher	Ph.D.	Married
<b>Intermediate occupations</b>						
Sarah	20–25	2	20	Administrative	Master's degree	Married
Lara	26–30	2	21 days	Laboratory technician	Master's degree	Cohabiting
Stella	26–30	2	7 days	Administrative	GCSE	Cohabiting

<sup>a</sup> NVQ (National Vocational Qualification) and BTEC (Business and Technology Education Council): vocational qualifications to age 16 or 18. GCSE (General Certificate of Secondary Education) and A-Level: academic qualifications to age 16 and 18. CPA (Certified Public Accountant): title of qualified accountant. Master's degree and Ph.D.: graduate and postgraduate qualifications.

and outer world.

Data was collected between May 2017 and March 2018. Informed consent was obtained from participants in written form at the first interview, and permission was sought to audio-record the discussion. Each woman was interviewed twice, except for one participant who declined to participate in the second interview. Interviews were conducted in places convenient for the participants (including their own homes, workplaces, and cafés), at times in presence of children, and lasted approximately 1 h. During the first interview, participants completed a timeline of significant life events (Neale, 2017), and a first exploration of the themes of the topic guide was conducted (e.g., past drinking trajectories, changes in consumption occurring with motherhood). The second interview, devised for each participant in relation to the content of the first one, had a semi-structured format to deepen specific topics and cover questions not asked. Gendered surveillance of drinking was not the main focus of this research, and the salience of the topic emerged while progressing with the data collection. The FANI method facilitates the collection of data on the terrain of the participant, meaning that what we know about fathers emerged from the data as the women chose to include it. Because the focus of the study was on women's experiences, what emerged was determined by them, thus the paucity of structured detail on patterns in fathers. To pre-emptively determine and ask questions of the women would disrupt the narrative flow and the choices of the women as to what was salient for them. At the end of the interviews, participants were thanked with a £25 voucher.

### 2.3. Data analysis

Interviews were transcribed, anonymised and stored in a password-protected folder, accessible to the research team only (S.V., P.Bi., P. Bu., P.M.). The principle guiding the FANI data analysis is keeping the 'whole' in mind, namely all the information regarding participants accumulated over the research process, to bring to light different levels of meaning (Hollway and Jefferson, 2013). The analytical process considered transcripts, audio recordings, timelines, and the research diary. At first, audio-recordings were listened to, and reflexive notes regarding participants' accounts were developed. The process entailed the elaboration of hypotheses regarding participants' investments in particular ideas/positions, or relationships between personal thoughts and feelings and discourses. The reflexive notes also interrogated the researcher's assumptions and positionality FANI data analysis is characterised by the elaboration of pen portraits (narrative analysis of single cases) and pro-forma (structured interview summaries). Further details on the analysis of participants' alcohol consumption are reported in a previous paper by the authors (Vicario et al., 2021). The work on the single cases was followed by a further thematic content analysis of the transcriptions. Participants' accounts were compared and contrasted, between them and across the clusters. These two levels of analysis allowed for an interrogation of the data from multiple perspectives, to identify relevant themes connected to the research questions, or emerging inductively from the interviews. Interpretative hypotheses were discussed with the research team, triangulated with previous research, and tested against the transcripts, in an iterative process.

## 3. Findings

During the interviews, participants talked in detail about their partners' drinking habits, either introducing the topic while recounting their own drinking trajectories or prompted by questions. Most described how they and their partners gradually adopted comparable drinking habits and approaches to alcohol, attributing this to similar work and domestic routines. At times, however, this report did not correspond with the descriptions elsewhere in the interviews of men drinking a larger share of alcohol than their female partners, or drinking more frequently. Several women described consuming alcohol as a

practice through which they initially bonded with their partners, got to know each other, were confronted with different lifestyles and values, and were socialised into new drinking practices. Following the transition to parenthood, social and domestic drinking occasions were described as negotiated between the couple, and shaped by the paid and unpaid work obligations. Participants also explored the division of household labour with their partners. Many women considered that it was fair overall but provided contradictory pictures in which they described doing more than their partners, acknowledged the difficulty of achieving an egalitarian organisation of domestic work, and expressed a sense of being primarily responsible for the household management. In this paper, we address the theme of women's informal surveillance and regulation of their partners' drinking. The findings illustrate how women managed the health risks within the family while preserving the relational aspects, outline informal surveillance of drinking as a strategy for greater gender equity within the family, and describe the cases in which it was suspended or not exerted. These topics were intertwined and partially overlapping so that, for example, the first and the second aspects cannot be disentangled.

### 3.1. Informal surveillance of partner's drinking and health risk management

While talking about their partners' drinking habits, many of the women referred to the informal surveillance they sought to exert on their alcohol consumption, thus articulating their role in setting norms and boundaries around drinking. These accounts did not seem to vary by occupational group, but were primarily associated with partners' drinking style. The data presented here illustrate this in terms of the heavier drinking described by participants and the anxieties raised by potential drunkenness, but surveillance seemed to also serve other functions and be directed in different directions than the concerns raised by heavy drinking. Whilst light or moderate drinking did not attract the same attention, surveillance managed and achieved more than simply moderating heavy drinking as the sections below illustrate. The communications expressing an intent of surveillance were typically couched in a non-confrontational language. While regulating partners' drinking, participants mobilised cognitive and emotional resources, to support domestic routines and manage possible risks deriving from alcohol. For example, Sophie reported that, after past tensions generated by her partner's drinking, she was now much more relaxed about it. However, she continued to take on the role of attempting to regulate his drinking by, for example, reminding him about their upcoming plans and asking for moderation:

"Every now and again if he's planning on going out I'll say, 'Remember we've got that thing tomorrow ... make sure you're not gonna be hungover, don't drink too much!'"

Kate defined her husband's drinking habits as "a bit OTT", and initially described feeling the necessity to closely monitor his alcohol use ("I need to, I have to, I try, I have to control him almost"). Kate felt that she could not openly complain regarding her husband's consumption, because she had known he was "into drinking" before they married (e.g., her husband enjoyed drinking when he had the chance of doing it). However, Kate described several indirect surveillance strategies she used with her spouse, including making enquiries about his drinking, keeping track of his consumption, and using humour to communicate her concerns. In doing so, she seemed to aim at preventing the risks of problematic drinking, and its consequences. Without overtly expressing criticism or judgment, Kate was able to communicate a message that was clear for both partners, who appeared to be aware of the role played by each other and communicated in a joking fashion:

"I rein [my partner] in, as he says that females stop males from drinking so much, so I will say to him 'Oh, you're not going out drinking are you?' .... Last night he got himself a bottle of wine to

have and I had I would say a few ... sips to try ... and he drank the bottle himself ... and he stayed up till half one last night and he had a bottle of wine, watching a film and then he had a beer, and he tells me he had no whisky but yeah, he probably would tell me if he'd had whisky to be honest" (Kate).

"I tell him 'Oh, look at you, drinking again', and he'll just say 'Oh yeah' [miming the voice of her husband], he doesn't really take it seriously, I would say. I do the nagging wife act, and he just probably ignores me the majority of the time" (Kate).

The preference for adopting a low-key approach to deal with their partners' alcohol use was also reported by Jane, Lorna and Tracy. Jane said that she and her partner had adopted similar consumption patterns, and that when episodes of what were considered to be over-consumption occurred, she deemed it more appropriate to gently make him aware of the situation (for example, saying "Oh, you probably don't want to do that again", or "you made a bit of a mistake"), rather than have an open discussion around it. Lorna set the boundaries of joint drinking occasions with her partner by suggesting when it was time to stop. For example, she pointed out "It's usually me that says it's time to go home." Tracy explained that occasionally her partner did not realise when he was drinking too much. In such situations, she expressed her preference for defusing, compared to a direct and perhaps counterproductive confrontation:

"I will gently point it out to him in a way that he doesn't feel like I'm nagging ... we don't want to argue, we've had a really nice night so let's just go and get a kebab and go home [laughs], that's the trick" (Tracy).

As Tracy suggested, oblique language was preferred as it could avoid potentially disruptive outcomes, and because it allowed participants to distance themselves from the stereotype of the 'nagging wife', which was perceived as less effective. Their communication style appeared more direct when alcohol consumption could jeopardise what women considered valued and important, such as children's wellbeing and the reciprocal support within the couple. An example of direct communication can be found in Stella's account, who had established firm rules regarding her partner's drinking. On occasion, Stella described her husband as not able to stop his alcohol consumption, to the point that he could neither walk or talk. When this occurred, Stella did not allow him into the domestic environment inhabited by the children. This position stemmed from Stella's view, from her childhood experience, that children are vulnerable and potentially harmed by their parents' heavy drinking, and her willingness to protect her child from any contact with alcohol and drunkenness, both visual and perceptual.

"I won't ever, ever, have somebody being drunk around my son. I just, I told him from the start, I won't have it because I saw that growing up. And even though he's only a baby and he won't recognise or anything else, I just won't have it. On the occasions where he comes home and he is drunk, he has to stay downstairs on the sofa. He's not allowed upstairs. And I'm firm on that .... I don't like the idea of anybody, the idea of somebody being drunk and breathing on my son, or being anywhere near him, I won't have it. Not a chance" (Stella).

The accounts presented illustrate some of the actions of informal surveillance and regulation of drinking that women performed within their family contexts, which appeared to focus on avoiding the adverse consequences of alcohol, whilst sustaining the relational stability of the household. While in most cases participants' informal surveillance on partners' drinking was not openly connected with relational strain, at times interviewees described feelings of discomfort provoked by habits of consumption deemed inappropriate, reported below.

Informal surveillance of drinking and gender equity.

A minority of participants reported some tensions within their

relationships, including those related to alcohol. In such circumstances, surveillance of drinking appeared combined with expressions of disappointment, stemming from disparities in family responsibilities revealed by alcohol consumption. In such cases, the surveillance and consequent regulation of partners' drinking seemed intertwined with a desire for greater involvement or commitment to domestic duties. For example, Sophie and Gemma both reported either in the past or at the time of the interview, feelings of resentment towards their partners' alcohol use. In the first interview, Sophie characterised her partner's drinking habits as similar to hers. However, this similarity was subsequently described as the result of previous discussions around her partners' leisure activity, which culminated in a particular event. Sophie described that, during her maternity leave, her partner maintained his previous consumption habits (going out once or twice a week), whilst she remained "stuck at home" with her daughter, who was not sleeping. These different commitments to family life produced tensions. Initially, Sophie's partner was dismissive of her criticisms, but reconsidered his drinking habits after an episode of consumption, which Sophie described as a sort of "ultimatum", and a turning point:

"There was one night in particular when he got very, very drunk. He said that he was just going to the pub after work and that he would come back ... around midnight .... So, I was kind of up quite a lot in the night, 'cause [daughter] was waking up a lot ... So when it was one o'clock I was 'Ah', you know, 'Are you coming back soon?' And ... I didn't get any replies ... I woke up at 4.30 in the morning and found him, basically ... curled up in a ball and he'd left the apartment that we were living ... in a big mess, and he was very, very, very drunk. And it was at that moment that I said that that was enough" (Sophie).

In the second interview, her partner's behaviour in this episode was described by Sophie as "not appropriate", specifically in terms of her partner's lack of reliability and support for Sophie's parental role. Sophie recalled that those events caused strong feelings of shame in her partner, and marked a divide between his 'previous' and 'current' attitudes as a drinker and parent. In the epilogue of the story, she said that her partner rapidly acquired a heightened awareness of his family role, that went hand-in-hand with greater moderation in his consumption.

Similar feelings of irritation characterised Gemma's account. During her first interview, she referred to her recreational drinking at home as an "event," and compared herself to her husband, who was "very good at drinking just for the sake of it." Solidly built, he regularly consumed two or three cans of beer several times a week, and could have a bottle of wine during the weekend. Since Gemma stated that she felt "a little bit sad" for not joining her partner's drinking occasions, during the second interview she expanded on the feelings reported. She expressed annoyance that her partner's drinking habits, remained substantially unaltered after the birth of their child, and saw his drinking as a waste of money. Gemma found it frustrating that her husband's priorities did not change as radically as hers, and this was mirrored by her perception of 'unequal' drinking. Subsequently, Gemma connected her feelings towards her husband's alcohol use to the tensions caused by an unbalanced distribution of caring responsibilities. In Gemma's account, drinking appeared a key element of relaxation, symbolising a pause from daily duties. However, she explained that while her partner was "allowed" to drink, and by extension, relax, she could no longer do so since she felt she had to focus on their children's needs. Despite these reflections, at the end of her account Gemma seemed to question the legitimacy of her position and, thus, her request of greater equality.

"Sometimes it's frustrating that his priorities haven't shifted in the way that mine have and that he is *allowed* to have the drinks, where I am *not* [slight emphasis] ... because somebody has to be always in control and *just in case* [slight emphasis] sort of thing. So maybe that's a bit sad as well, that I feel like I have to always be the one that's in control, ready to go at a moment's notice if anything were to

happen ... and he doesn't think in the same way that, that needs to be him or that, that needs to be one of us ready to do that. Maybe it's a bit wrong of me to expect that of him, and maybe it's not, maybe he's just a bit oblivious to that, to me feeling that way .... I don't know if it's reasonable for me to expect him to change or not, just 'cause I have" (Gemma).

Gemma's expression of disappointment appeared the result of her being unnoticed in her request of support in household labour and, simultaneously, a sanction towards disapproved behaviours. Both in Sophie and Gemma's accounts, surveillance and regulation of alcohol consumption in the early maternity period were connected with issues of gender equality and, ultimately, of power negotiation within the family. By trying to promote their partners' disengagement from drinking, they sought to encourage the sharing of domestic labour and, thus, the construction of a co-parenthood.

### 3.2. Suspension and lack of informal surveillance of drinking

However, there were also situations in which participants suspended their informal surveillance. Such circumstances included, for example, the social drinking occasions occurring during their partners' leisure time. These were frequently connected with sporting activities and reflected, in a gendered manner, relational and emotional needs. For example, Jane reported that her husband took part in mid-week football matches, at which he drank more than usual. However, as alcohol consumption occurred in a time free from domestic and work obligations, it was positioned outside of the surveillance sphere ("My partner ... plays five-a-side football, so he will go to the pub every Wednesday, drink goodness knows what, I wouldn't dare to ask what he drinks during that time"). At times, women's surveillance also appeared suspended in situations of shared drinking, when they could actively encourage their partners' consumption. Margaret, for instance, explained that alcohol was not part of his partner's socialisation. However, as she was more extrovert and more inclined to go out, Margaret could promote non-domestic episodes of consumption, involving her husband. In other situations, alcohol consumption appeared regulated by tacit conventions between the partners. This normative aspect was noted by Ellie, who, with her partner, agreed to avoid alcohol during the first part of the week:

"Sometimes he might say, I'm going to the shop, shall I get some wine?" and I'll say 'No, we can't have any wine, because we had wine yesterday' ... We kind of have made an agreement that we won't drink early in the week, just sort of Thursday 'til Saturday" (Ellie).

Finally, a minority of participants did not report on aspects of informal surveillance on drinking, because their partners' alcohol consumption was described as very limited. For example, Julia did not report in the interviews on the need to regulate her husband's drinking. She said that their drinking occasions were extemporary, shared and, as such, constructed around their working patterns:

"There's no plan of, "Right, we're gonna to have a drink tonight!" ... It's probably a combination of how the day has been, what time [husband]'s got home from work and does he fancy a drink? Do I fancy a drink? And we don't necessarily both drink" (Julia).

Likewise, Valentina stated that her partner rarely drank, especially after he became a father, and highlighted that this was a positive change both for them and their children. In doing so, she seemed to place both parents on a higher moral ground:

"He barely drinks ... we have alcohol in the house but ... we [do not] drink every weekend anyway, so it's quite rare. He doesn't drink often now anyway ... becoming parents has just had an impact, and ... it's a good one because it's good for us and it's good for our children" (Valentina).

In these cases, partners' drinking habits contributed to eliminate some tensions participants experienced in their domestic routines. However, light drinking habits were not directly linked to an egalitarian division of household labour. For example, Julia said that she "probably [did] the majority" of household work because of her husband's long shifts, and felt herself "back of the queue" in the list of family priorities. Valentina, instead, stated that she and her partner "split completely" the chores, but she did the majority of childcare and felt unsupported by family policies. These accounts suggest that, despite the diversification of gender constructions, structural factors remain essential to affirm gender equity at the micro-level.

## 4. Discussion

This paper provides insights into the reasons underpinning women's informal surveillance and regulation of their partners' drinking in intimate heterosexual relationships. In particular, we focused on how informal surveillance was enacted and shaped by gender in daily settings and situations. Our argument is twofold. First, we propose that women's surveillance of partners' alcohol consumption represented a strategy to promote greater gender equity and the balance of power, by encouraging a fairer division of household labour. Second, we suggest that, regulating their partners' drinking, women sought to mitigate possible risks for the health of their family members.

Our central argument contends that, through their surveillance practices, women sought to exert an influence on the partners, in order to negotiate a greater involvement in domestic duties and responsibilities. In the global market economy, the division of household labour is a leading factor of gender inequalities, as it is intertwined with issues of self- and social recognition, economic (dis)advantages, and family tensions, that in the life phase investigated interviewees acutely perceived (Damasko, 2011; Collins, 2020). Similar to Collins, who found that mothers solved privately work-family conflicts produced by institutional structures, in our study the surveillance of partners' drinking appeared as a strategy to mitigate, in their daily lives, broader gender gaps generated by public policies and cultural attitudes.

Women in this study, we suggest, sought a balanced division of the physical and non-physical components of household labour. In the early parenting period, when childcare is at its most time-consuming and labour-intensive, women's informal surveillance of drinking appeared more than a concern about alcohol. Rather, it seemed associated with the search for a shared commitment to childrearing and to the associated practical tasks. This can be seen, for example, in Stella's account, where this intent appeared inseparable from that of limiting possible threats for her son's wellbeing. Arguably, while refusing to allow the possibility of having her partner drunk around her son, Stella was also affirming her request for an equal participation in parenting, which was not possible in case of his risky drinking. Similarly, Gemma's disappointment towards her partners' alcohol consumption stemmed from his ability and willingness to take some time off, whereas her engagement with practical and non-practical domestic needs did not allow her similar choices. Our findings resonate with ONS data (2016b) on the 'housework gap', showing that British women aged 26–35 and 36–45 did respectively 100% and 60% more unpaid work than men (34.60 vs 17.47 and 33.26 vs 20.87 weekly hours). Participants' sense of being burdened also revealed that a prominent component of housework is cognitive labour (Daminger, 2019). Cognitive labour entails recognising and anticipating needs, identifying options, deciding solutions and monitoring the development of domestic life. Invisible, pervasive, and rooted in behaviours and modes of thought, cognitive labour in family settings is predominantly performed by women (Daminger, 2019). Through their surveillance of drinking, we suggest, participants deployed cognitive labour, whilst attempting to share it. For example, Sophie's reminder to her partner of not drinking because of an upcoming event may be seen as a request to participate in cognitive work regarding planning for family events. We would also note that informal surveillance mainly regarded

the domains of anticipation and monitoring, the least associated with decision-making powers (Daminger, 2019). Thus, participants' diffuse 'surveillance work' remained frequently unseen and misrecognised.

A further non-physical element of household labour unfolded through accounts referring to the management of emotions. Women's surveillance was intertwined with the performance of emotional labour, already associated with the quotidian management of feelings to reconcile and facilitate relationships within marital couples (Hochschild, 1983; Rao, 2017). In our study, participants used non-confrontational communication to mitigate the discrepancy between disappointment towards their partners' drinking (and the inequality it signified), and what they publicly displayed. Our findings on the use of oblique communications partially support those of Suonpaa (2005), who analysed the strategies partners employ to mutually inhibit or encourage alcohol use. Suonpaa observed that while older couples more frequently resorted to 'direct-strong' communications (e.g., open criticism), the younger ones favoured 'indirect-mild' expressive modes (e.g., calm suggestions of not drinking). Explaining this difference in light of the individualisation thesis, Suonpaa speculated that indirect communications were intended to preserve partners' will in their drinking choices. However, we would observe, this interpretation does not consider the gender dynamics characterising the surveillance of drinking. In this study, women's non-confrontational language appeared part of their skills to put on the foreground emotions and connections, rather than individual positions (Smart, 2007). In this way, they sustained the relational stability of the family, whilst reaffirming normative constructions of femininity. Importantly, as intimate heterosexual relationships are gendered and often entail the expectation that women are natural carers, the complexity and costs of emotional labour were not always acknowledged by partners (Rao, 2017). Hence, we would observe that while participants' mediation strategies could create the conditions for a greater equity within the couple, they were also indicative of their relative lack of power and alternative options, particularly in a life stage when other resources (i.e., economic and symbolic capitals from paid work) may be difficult to mobilise (Thomson et al., 2011).

Second, women's practices of informal surveillance appeared intended to preserve the family wellbeing by preventing the harm alcohol could cause to their most significant relationships. Lupton (1995) explains that, between the nineteenth and twentieth century, women - particularly mothers-began to exert functions of public health surveillance in Western countries, and were exhorted by public authorities to "take responsibility for the moral standards of their family members for the sake of their nations' health" (Lupton, 1995: 42-43). In that period, women's mandate of 'guardian of family health' can be traced also in alcohol-related studies (Järvinen, 1991; Raitasalo, 2008). For example, Raitasalo (2008) reports that, between the 1920s and 1930s, the Swedish State assigned to married women the duty to regulate their husbands' alcohol consumption, providing them with curative ration books. The legacy of such activities was evident in the accounts presented, showing that women still have a prominent role in regulating domestic drinking. This interpretation is consistent with numerous studies, which found that women aim to preserve their family health, and especially that of their children, through a variety of practices, through which they present themselves as responsible mothers (cf. Murphy, 1999; Mackendrick, 2014; Bissell et al., 2018; Elliott and Bowen, 2018).

Overall, our findings suggest that Järvinen's 'male-female dualism' (1991) is still reflected in the ways in which drinking practices are shaped within intimate heterosexual relationships. However, our data highlight that this contemporary dualism is more nuanced, for example when compared to Finland in the 1940s-1950s, because women's striving for an equal balance in social arenas has led to a transformation in their drinking habits (Smith and Foxcroft, 2009; Staddon, 2015). Participants' accounts on the suspension of informal surveillance illustrate how longstanding ways of performing male and female gender through drinking coexisted with a variety of 'hybrid' practices,

relationally constructed through partners' interactions. Hence, despite their prominent role in the surveillance of alcohol consumption, interviewees could also play an active part in eliciting drinking occasions. Similarly, the negotiation of male identity could occur through heavy drinking, as well as involve non-drinking practices. Nonetheless, as shown by Ellie and Valentina's ambivalent accounts, these shifts in the way of 'doing' gender did not seem to grant a fairer allocation of household labour *per se*. Alcohol consumption, we observe, is only one of the many structural factors and daily practices through which individuals make sense of gender, and that operates within the family to reproduce gender inequalities.

This study has some limitations. As we primarily focused on women's drinking, the research design excluded their partners, whose perspectives were not directly explored. In addition, the use of minimally structured interviews and the small sample allowed us to collect rich narrative data, thus bringing women's surveillance of drinking to the surface. However, by favouring the free flow of accounts, we did not gather detailed information about partners' consumption patterns and backgrounds. Despite this, we would observe that these are not central to support our primary argument, concerning gender inequalities underlying partners' drinking. Women did not report on partners' attempts of surveilling their drinking. None of them seemed to be heavy drinkers (often a cause for surveillance) and this study, in common with numerous others, showed that the regulation of alcohol consumption is still primarily conducted by women. However, this does not exclude that, by interviewing partners, we could have access to different perceptions. Furthermore, the sample was limited to British, white women. Future work could productively explore the regulation of drinking in same-sex relationships, or in larger and more varied samples, inclusive of male partners. The use of a structured method would allow exploration of partners' education, occupation, or social homology of couples, which could influence directions and meanings of the informal surveillance of drinking.

## 5. Conclusion

Women's informal surveillance and regulation of their partners' drinking appeared as a strategy which sought to promote the sharing of practical and non-practical tasks of household labour, thus negotiating a greater gender equality and balance of power within their heterosexual relationship. In doing this, participants used indirect communications strategies, deploying emotional, cognitive and relational labour. In this way, they reproduced the normative ways in which gender operates in daily situations, including those related to drinking. Women's surveillance practices may also be read in light of constructions of femininity assigning the functions of risk management and safeguard of family health primarily to women. Our findings demonstrate that, despite shifting gender models and the diversification of gender identities in relation to alcohol consumption, women still play a crucial role in the social regulation of drinking.

## Author contribution

Serena Vicario: Conceptualization (Equal) Formal analysis (Lead) Investigation (Lead) Writing-original draft (Lead), Marian Peacock: Writing - review and editing (Lead), conceptualization (Equal), supervision (Supporting), Penny Buykx: Conceptualization (Equal) Formal analysis (Supporting) Supervision (Equal) Writing-review & editing (Equal), Petra Sylvia Meier: Conceptualization (Equal) Formal analysis (Supporting) Supervision (Lead) Writing-review & editing (Equal), Paul Bissell: Conceptualization (Lead) Formal analysis (Supporting) Methodology (Lead) Supervision (Equal) Writing-review & editing (Lead).

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