



The role of alcohol in the lives of midlife women living on the Northern Beaches of Sydney, Australia

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ABSTRACT

Background: In Australia, midlife women are experiencing increasing levels of risky drinking behaviours and alcohol-related harms. This is despite the general population trend of decreasing alcohol consumption overall. In light of these diverging trends, this research explores the role of alcohol in the lives of midlife women from their own perspective.

Methods: Six semi-structured focus groups were conducted with 47 women aged 35–59 years of age. Residents from the Northern Beaches of Sydney, Australia were recruited, as this group of women appear to be experiencing heightened alcohol-related harms, with an alcohol-related hospitalisation rate 40 % higher than the NSW state average in 2017–18.

Results: Midlife women described the practical utility of drinking as a habit to relieve stress and escape trauma, as well as an effective method for creating and strengthening social connections within the parenthood life stage. Participants also described the act of moderation as a potent trigger for peer pressure and discussed the individual's tendency to prioritise the short term relieving effects of drinking, despite awareness of the long term health risks.

Conclusion: Findings around the pro-social role of alcohol as a woman and a parent should be explicitly considered when designing 'swap it' population health messages. Furthermore, the marked social penalty of moderation and tendency to discount long term health risks should also be factored into health promotion messages which seek to utilise moderation as a strategy to reduce alcohol-related harm for midlife women.

1. Introduction

Although the total number of people giving up or reducing their alcohol intake in Australia has been on the rise in recent years [1], longitudinal evidence suggests that the alcohol use of individual Australians varies substantially over the life course [2]. Early adulthood is identified as the peak of risky single occasion drinking in Australia, whilst midlife now represents the highest level of lifetime risky drinking in terms of frequency and daily volume, a trend previously identified in the United Kingdom [3]. This pattern of midlife Australians drinking more and more often, exposes this cohort to a heightened risk of alcohol-related disease and harmful health effects, including liver disease, high blood pressure, overweight and obesity and cancer [4].

Amongst the midlife cohort, and indeed the general population more broadly, research into alcohol consumption and harms has historically focused on men [5], who generally drink more frequently and at a greater volume than women [4,6]. This skewed research

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focus has also been created in part by a combination of high consumption and increased levels of risk taking behaviour compared to women, creating a greater risk of the more visible short term alcohol-related harms including injury and accident [5,7]. Although historically, the prevailing assumption was that alcohol-related harms were identical for men and women [5,8], Erol et al. (2015) systematic review found that although women drink less than men overall, women tend to develop health problems at lower level consumption than men, and those who consume more have a higher rate of alcohol-related disease. In the Australian context, the NHMRC guidelines explicitly acknowledge women's greater susceptibility to the direct physiological effects of alcohol, as well as a higher lifetime risk of dying from alcohol-related disease or injury at all levels of consumption. In addition to gender differences in alcohol-related harms, researchers have also charted a global increase in women's drinking [9], particularly in midlife women, over a period in history with increased economic participation, deregulation of alcohol promotion and sale, and increased accessibility in the home [10]. Miller et al. (2022), corroborated these findings within the Australian context, finding a significant increase in long term and single occasion risky drinking in midlife Australian women between 2001 and 2019. However, as of 2018, there was a paucity of research on the functional role alcohol plays in the lives of midlife women. This lack of evidence, alongside the geographical remit of the research organisation, drove the focus of the current research.

The community of Northern Sydney have some of the highest incomes and education levels across metropolitan Sydney, NSW and Australia overall. The work of Miller et al. (2022) with midlife Australian women suggests that higher levels of privilege, operationalised as higher education, marital status or higher employment, is associated with lower levels of alcohol consumption. According to Lunnay et al. (2022)[11], privilege affords affluent women the space to be 'able to care' about consumption levels, providing greater possibility for effective change. Lunnay et al. (2022)[11]. suggest the way affluent women anthropomorphise alcohol as a 'relationship' speaks to the way affluent women can monitor, control and use alcohol to suit their needs. However, this perceived increase in control, and subsequent presumed ability to moderate consumption, is not reflected in the population level harms data within NSW.

In the year 2017–2018, Northern Sydney recorded the highest rate of alcohol attributable hospitalisations for women across all of NSW, 35 % higher than the NSW state average [12]. Moreover, of the nine Local Government Areas in Northern Sydney, the Northern Beaches cohort of women stood out, with a hospitalisation rate 40 % higher than the NSW state average in 2017–18 [12]. In particular, the 35–54 year old age group experienced particularly high levels of harm [13], mimicking the overall trend of increasing consumption levels in midlife. This felt need stands in stark contrast to the findings of Lunnay et al. (2022)[11]. and Miller et al. (2022) and warrants specific investigation of this cohort to investigate the role of alcohol for women, in midlife, living in an affluent area.

As such, the present study reports on qualitative data collected to inform the design of a multi-modal health promotion strategy aimed at supporting midlife women (35–59 years) living on the Northern Beaches of Sydney, Australia to decrease their alcohol consumption and reduce associated harms. Understanding consumption patterns within this cohort will enable more effective health promotion strategies. With a distinct lack of research into midlife women globally at the time, and a question over the interplay between affluence and consumption, the aim of the research was to explore the role women on the Northern Beaches of Sydney believe alcohol plays in their lives, including drinking environments, motivation to drink and drinking habits over time.

1.1. Methods

This study consisted of six semi-structured focus groups of women aged between 35 and 59 years of age who lived on the Northern Beaches of Sydney, Australia. A purposive sample of midlife women was gathered via targeted recruitment using local social media pages and groups, local magazine and paper-based advertising in community gathering points including gyms, libraries, community centres and cafes. Advertisements invited the target group to participate in an incentivised focus group and discuss the role alcohol plays in their lives. Researcher RM led the screening for eligibility, which was completed for all prospective participants, inclusion criteria were: identifying as female; age between 35 and 59 years; currently living on the Northern Beaches; and able to actively participate and attend the duration of the focus group session. Participants were given information about the study, time to consider and the opportunity to ask questions before providing informed written consent. Participants were also given a \$50 supermarket gift card after completing the session to thank them for their time. One challenge faced during recruitment was to obtain an even spread of participants across the research age group. To address this challenge, additional social media advertising targeting the younger subset of the cohort was conducted.

Six focus groups were conducted at the Brookvale and Mona Vale Community Health Centres on the Northern Beaches with 7–8 participants per session and an independent facilitator. Each focus group was approximately 90 min in duration and used a discussion guide (see Appendix A) developed by the research team and reviewed by the facilitator. Sessions were digitally recorded and transcribed by an independent service. Participants also completed a demographic questionnaire (see Appendix B) and the Alcohol Use Disorders Identification Test instrument (AUDIT, see Appendix C) on arrival.

The study was performed in accordance with the National Health and Medical Research Council's National Statement on Ethical Conduct in Human Research and approval obtained from the Northern Sydney Local Health District Human Research Ethics Committee (Ethics Approval Number 2019/ETH11953).

The qualitative audio recording and transcripts were imported into NVivo Pro (Version 12). Reflexive thematic analysis [14–16] was used as it explicitly encourages a collaborative, organic and recursive analytical approach and centres both researcher subjectivity and participant experience as valuable resources for quality knowledge production. Reflexive thematic analysis was favoured over other thematic analysis approaches such as coding reliability, due to the latter's rigidity, use of structured codebooks and quantitative-like focus on inter-rater reliability at the potential expense of richer, more nuanced insights. As an all-female research team with some living on the Northern Beaches of Sydney, this offered unique, layered insights to be generated from an 'insider'

perspective in conjunction with participant experience.

An inductive, experiential approach to reflexive thematic analysis was used [14], underpinned by a critical realist ontological framework. Patterns of meaning were actively developed during the analysis from the nexus of researcher subjectivity, focus group discussion and participant experience, without reference to pre-existing coding frameworks. Researchers AW, RM, KM and JH familiarised themselves with the dataset, reading and re-reading transcripts and listening to audio recordings to promote full immersion in the data. Each researcher then labelled discrete features of the data with specific codes and generated initial themes from distinctive patterns of shared meaning in the data. Researchers then collectively reviewed all initial themes generated, ensuring that the patterns described were related to the original research question. The benefit of multiple coders was realised during these collaborative team discussions, creating a space to reflect on individual assumptions, partial 'insider' perspective and diverse interpretations of the data which led to unique, rich pattern formulation. In this way, initial themes were variously refined, discarded, split and combined by the team to form the data stories described herein, with additional defining and naming done by AW and KM during the writing up phase.

Table 1
Participant characteristics.

Characteristics	Focus group (n = 47)
	% (n)
Age (years)	
35–39	13 (6)
40–44	13 (6)
45–49	28 (13)
50–54	23 (11)
55–59	23 (11)
Highest Level of Education	
Year 10 or below	2 (1)
Year 12	6 (3)
Tafe or traineeship	26 (12)
University or higher	66 (31)
Employment status ^a	
Full time paid	36 (17)
Part time paid	32 (15)
Self-employed	11 (5)
Casual	2 (1)
Parent	2 (1)
Homemaker	6 (3)
Student	0 (0)
Volunteer	4 (2)
Retired	2 (1)
Carer	2 (1)
Currently not employed	4 (2)
Unable to work	0 (0)
Household type	
Couple with children	66 (31)
One parent family	9 (4)
Single person household	6 (3)
Couple without children	6 (3)
Extended family household	2 (1)
Empty nesters	-
Group/share household	-
Drinking Status	
Drinker	98 (46)
Non-drinker	2 (1)
Country of birth	
Australia	66 (31)
Brazil	4 (2)
China	2 (1)
England	4 (2)
France	4 (2)
Ireland	2 (1)
New Zealand	2 (1)
Slovakia	2 (1)
South Africa	2 (1)
Sweden	2 (1)
United Kingdom	6.4 (3)
United States of America (USA)	2 (1)

^a Multiple answers allowed.

1.2. Findings

A total of 47 women participated across six focus groups. Age distribution was skewed toward the older stages of midlife, with almost three quarters (n = 35, 74 %) of participants aged between 45 and 59 years and just over a quarter (n = 12, 26 %) aged between 35 and 44 years. The majority of participants had attained a university degree or higher (n = 31, 66 %), lived in a 'couple with children' household (n = 31, 66 %) and were either full time (n = 7, 31 %) or part time (n = 15, 32 %) employed. See [Table 1](#) below.

Seventy percent of participants were identified by the AUDIT screening tool as low risk drinkers (n = 33), with 23 % identified as moderate risk drinkers (n = 11) and 2 % as high risk drinkers (n = 2). One participant did not complete the tool in full prior to focus group participation (n = 1, 2 %). Given this low risk drinking sample, the insights gained may warrant consideration when developing health promotion messages which seek to influence the consumption behaviours of the broader population.

Reflexive thematic analysis generated four themes related to the role alcohol plays in the lives of midlife women living on the Northern Beaches of Sydney; a habitual practice to relieve stress and escape trauma, a means to create and strengthen social connections, the act of moderation as a trigger for peer pressure and the value of short term relief outweighing long term health risks.

1.3. A habitual practice to relieve stress and escape trauma

Women reported that they used alcohol as a short term release from the strain of coordinating personal, work, family and social requirements. Alcohol was construed as a convenient, socially acceptable and legal tool to release stress, described in direct contrast to exercise, which was depicted as difficult to schedule around caring and work responsibilities.

Participant 33: "Well so I exercise but again exercise I have to fit that in around what's going on with my family and it's not as easy as it was when I was by myself, like before I had my kids. So I find that hard work. Alcohol is like this [...] It just fits in very easily. Its' very easy."

Alcohol also provided an opportunity for women to relieve their stress whilst still meeting these twin societal roles of carer and breadwinner.

Participant 45: "As we've gotten older and we've got stressful jobs and some of us are living with parents so you've got emotional triggers as well and you've got your young children and older parents you're looking after".

This pressure, and resultant need for alcohol as a stress reliever, was identified as being particularly intense for women in this midlife stage, and even in this moment in history, in direct comparison to men.

Participant 06: "These days women are working just as hard as men so having that extra stress of kids as well, you know they had a lot of stresses on them too and I also think like our generation certainly like no jobs are 9 to 5 anymore. My mum's generation like her jobs were fairly 9 to 5 and then you would go home. These days I don't know anyone that works from 9 to 5. Everybody's working like 8.30 'til 6, blah blah blah and then having to juggle kids on top of that. And you can't do the one income thing anymore, like both parents have to be working to even, you know to get their kids up and running, like no one I know can really afford a house or anything at the moment, so there's all those added pressures I think as well."

These educated, employed midlife women clearly identified alcohol as a stress relief tool which, although detrimental to individual health, is unparalleled in its functional daily use.

Participant 33: "I drank a lot less in my twenties but I have a different life now like I have a lot more stress than I had before going on, I don't know I would do anything that would give me some sort of release or something that I could fit in with the family that you know didn't give me the hangover or you know wasn't detrimental to my health but what is that?"

Women also described alcohol as a functional tool to escape from longer term stressors, trauma or emotional triggers, including numbing the pain of domestic and family abuse, personal ill health or family tragedies.

Participant 07: "I was diagnosed with cancer two years [ago] and I remember I was drinking more frequently then".

Participant 09: "I'm coping with [an] abusive partner, ex-partner and so I just get to the stage, 'I can't cope anymore' And I just go 'there's one way to forget about all the crap that I have to deal with today'"

Participant 34: "my husband has cancer but he was diagnosed and when he was in hospital for two months, when I wasn't travelling, when I was back at home I was drinking a lot more wine, just basically to block out what was happening".

This use of alcohol as an escape from trauma or long term stress, typically was accompanied by descriptions of heavy episodic alcohol use.

Participant 09: "I got to the stage where I was drinking a bottle of wine every night".

Participant 09: "Well one's not enough. One's hardly ever enough you know ... not enough because it hasn't taken away enough pain."

Drinking for short term release, and escape from longer term stressors, led to alcohol being ingrained into the daily schedule of women. Women commonly described early evening drinking patterns, especially following work, while preparing dinner or once

children were settled. This drinking practice was discussed as an immediate, accessible way to de-stress.

Participant 22: “it’s definitely kind of just in my routine, you know like cook dinner, have wine, get stuff ready for the next day. Like it’s just part of the schedule.”

1.4. A means to create and strengthen social connections

Women further described the act of drinking alcohol as a positive pro-social tool which deepens their intimate partner connection, helps them to make and keep friends and aids in socialising as a parent.

Women reported that drinking alcohol provided a space within which they could strengthen their relationship with their intimate partner through participation in a valued joint activity.

Participant 07: “another reason why I drink is it’s one of the few times I get to share with my husband that we’re sitting down [Together].it’s a thing that I do together with my husband”.

The value placed on this shared experience was mutual, with one woman’s partner lamenting the loss of this space during pregnancy.

Participant 01: “My husband when I was married, didn’t like it when I was pregnant because I wasn’t – he lost his drinking partner”.

The forming and maintenance of social networks within this Northern Beaches cohort was also strongly associated with alcohol. Women described alcohol as a convenient basis around which to organise social gatherings and broaden their social networks, particularly for women born overseas and without established friendship groups within the geographical area.

Participant 11: “it’s the social aspect, it’s very social where we live. You know there’s always an excuse to get together. And so I’m from the UK so you have to integrate with the kids into a community with other mums so you end up with other people who like a drink and you know when the kids are small you go round each other’s houses so it’s definitely as well for me to get friendships.”

In addition, there was a cultural association amongst this geographical cohort of women of socialisation, eating out and drinking alcohol, as a signifier of social capital and acceptance, in direct opposition to the social exclusion and stigmatisation experienced by women who choose to moderate their intake or abstain.

Participant 41: “it would be very, very rare I’d say on the [Northern] Beaches if you went out with friends that alcohol wouldn’t be involved”.

Women also identified a multifaceted connection between socialising as a parent and drinking alcohol. This finding runs contrary to the stereotypes of late adolescence and early adulthood being the main life stage dominated by alcohol. Women reported that parenthood exposes them to a fresh array of alcohol-related environments; from drinking at home with friends to accommodate family needs, to community sport and children’s events.

Participant 10: “We tend to have friends that have all got kids, so you get them together, you have a few drinks, the kids play in the media room and [we] get sloshed.”

Participant 15: “Every time you pick up the kids from somewhere it’s like, “Would you like a wine? Would you like champagne?”

Participant:15 “I don’t think I’ve [ever] been to a kid’s birthday party without alcohol.”

1.5. The act of moderation as a trigger for peer pressure

Women reported that the act of drinking less was a potent trigger for social pressure and judgement amongst their peers. When choosing not to drink whilst socialising, women described overt social policing, designed to position the non-drinker as an outsider and apply pressure to conform to the dominant culture of consumption.

Participant 36: “they keep pushing and pushing ... it’s like if you don’t drink you’re odd and if you do drink you’re a hero and the more you drink the better.”

Individual choice to abstain is openly questioned by the collective, demonstrating the powerful norm of alcohol consumption whilst socialising for this demographic. Women identified the need for a socially acceptable reason for abstinence, such as acting as a designated driver or pregnancy, and further described that temporary abstinence was tantamount to an involuntary pregnancy announcement.

Participant 36: “that’s why I offer to be the Uber for people is because they leave me alone about drinking because they think ‘oh you’ve got some value now”

Participant 06: “in my age group if they’re not drinking they get asked if they’re pregnant.”

Moderating alcohol consumption was also met with intense social policing, with women describing ridicule and pressure when their rate of drinking was slower than the collective. Reduced consumption was perceived as decreasing group enjoyment of the social occasion.

Participant 14: "I was with friends and I said I'll just have one glass. And they were like 'You're going to have another one, you're going to have another one.' No, no, and it was really pressure."

Participant 35: "So I only drink one or two glasses and then I stop and then the other ones continue drinking and I don't make them feel bad ... They sometimes try to apply *pressure* like, 'Don't be a sissy.'"

Participants did not describe themselves as exerting this pressure, indeed some explicitly stated they support all individual choices.

Participant 08: "I don't have that problem socially, if you don't want to drink you don't. I just respect people who don't you know, everyone's different."

Nevertheless, women did offer possible explanations of the origin of social policing. Women speculated that those who drink in the collective felt an unconscious sense of belittlement or guilt due to a perception of a higher moral standard being modelled. In order to alleviate this cognitive dissonance, women attempted to influence the behaviour of their non-drinking friends, as illustrated in the below exchange:

Participant 47: "They're like 'do you want a drink?' 'No thank you.' 'Oh come on have one drink.' 'No thank you I'm fine.' 'Oh let ...' and then they go to the bar and they buy me one anyway. And I don't get that. Like it's like they can't drink on their own so they need other people to do it as well as an excuse. And especially ...

Participant 43: It makes them feel better because they probably think that they shouldn't be drinking 'cause if they can force someone else to drink. It's like when you smoke cigarettes-when I used to smoke a cigarette and my best friend used to say, "Oh I'm going to give up." I'd try and make her smoke a cigarette because it would make me feel better because I was still smoking.

Participant 47: But then *the people who drink then they must be aware that it's not that good, from what you're saying.*

Participant 43: *Hm. It's inner guilt.*"

1.6. The value of short term relief outweighs long term health risks

This educated, employed cohort of women explicitly stated that the negative health effects of alcohol are outweighed by the positive short term effects drinking brings. Medium and long term health effects, including weight gain, breast cancer and gut health were prominent in their thoughts, as were short term negative effects including mood changes, increased anxiety and depression, disrupted sleep and hangovers. Paradoxically, despite this high level of awareness, women reported that they valued their experience of short term positive effects of drinking, including socialisation and stress relief, over these longer term threats to wellbeing.

Participant 34: "you don't feel like it's going to kill you right now".

Participant 19: "I feel worse the following morning but I know for that short window of time I'll feel better".

Participant 23: "you might feel guilty because you know it's not good for you in the long term and all those links to cancer and everything ... so you know that is an abstract thing but whether it's going to stop you dead in your tracks, probably not."

Mixed 'health promotion' messaging and media reporting on the effects of alcohol were identified by women as a potential contributor to this disconnect, with multiple participants reporting the claim that regular consumption of red wine is good for health.

Participant 07: "they do say that there's health benefits to red wine if you drink some red wine every day."

Participant 32: "the medical people put out a thing saying 'oh it's really good to have two glasses of red wine a day', you know, so it's really conflicting when they say that".

Largely, women noted the apparent contradiction between the negative impact of alcohol on physical health and their positive experiences of social connection and stress relief. Some women showed signs that they had internalised the personal responsibility messaging around alcohol consumption which is widely used by both alcohol industry and public health bodies. Women attributed failure in moderating alcohol consumption to individual willpower, without any reference to the social environment and functional role which alcohol plays in the lives of midlife women on the Northern Beaches.

Participant 33: "Yes I do agree with you that you have to have that 'want' ... I have breast cancer for Christ's sake. Like-what's not going to make you want to change and I'm still drinking. And I clearly told my oncologist, [I'm] not going to stop."

2. Discussion

Broadly, current findings on Sydney's Northern Beaches are consistent with contemporary research on the role of alcohol for midlife women. The functional role of alcohol to relieve stress, provide escapism and foster social connection in midlife, coupled with

the need for excuses if abstaining and the discounting of negative health effects accords with a meta review of research on Western women (Kersey et al., 2022[10]), a study of alcohol use of Australian women living in Canberra and Melbourne (Wright et al., 2022 [17]), and a description of alcohol use through the life course by South Australian women (Foley et al., 2021 [18]). However, several findings in the present study are novel within the literature and hold significant insight for policy makers and health promotion practitioners.

Women reported alcohol's unparalleled appeal as a short term stress relief tool due to its convenience and easy access within the home environment. Women explicitly contrasted the convenience of alcohol with the difficulty of fitting alternatives like physical activity into their own, and their families, daily schedule. This finding calls into question conventional 'swap it' health messaging, which alone does not recognise how well alcohol meets the short term stress relief needs of midlife women today. When communicating alternative stress relief strategies to alcohol consumption, health promotion practitioners need to find and offer options which meet or exceed the immediacy, flexibility and social acceptability of alcohol.

Although alcohol was described as an important pro-social tool for building social networks, the current study identified that as a life stage, parenthood itself exposes midlife women to new alcohol-related environments. Within the literature, the association between parenthood and alcohol is usually focused on either the level of alcohol exposure through pregnancy [19] or on the impact of parental drinking on children [20]. The impact of parental exposure to alcohol-related environments through their children, such as children's birthday parties, preschool graduations, community sporting events, playdate drinking, and other social gatherings has not been discussed or researched in detail. In light of the current findings, specific research into the impact of child-specific settings on parental alcohol consumption is warranted.

The peer pressure received by midlife women who seek to abstain from alcohol has been well established. However, present findings underline the social ramifications of health promotion messages which seek to promote moderation. Women described that peer pressure resulting from abstinence can be somewhat ameliorated using excuses including pregnancy or acting as a designated driver. However, midlife women who sought to moderate their intake at social gatherings could not utilise these excuses and experienced marked social policing. Women were made to feel that their individual choice to moderate decreased collective enjoyment, thereby threatening their group membership. Health promotion messages which encourage midlife women to moderate their intake need to consider the increased social pressure this may trigger for individuals and suggest practical short term alternative strategies to assist women to act on this health advice without social penalty.

Our Northern Beaches cohort were highly educated, employed, metropolitan residents, demographic factors which are noted to be protective against overconsumption [5]. Yet as a cohort, these midlife women experienced significant social penalties when attempting to abstain or moderate their consumption and chose instead to fulfil their social connection and stress relief needs by drinking, despite a keen awareness of the negative health effects of alcohol. Taken together with the study's other findings, this suggests that the space afforded to affluent Australian women by their privilege may not translate into reduced alcohol consumption, as hypothesised by Lunnay et al. (2022)[11]. More focused research is needed to better understand the relationship between alcohol consumption, social context and harm within populations of privilege.

A strength of this research was the purposeful, multi-pronged recruitment strategy which encompassed targeted social media and hardcopy recruitment across the geographical area of focus. This strategy led to strong uptake across age categories, avoiding any age-related bias from a single recruitment channel. However, a related limitation of this study was the restriction of eligibility by age, rather than life stage. Key findings around social connection and stress relief in midlife were described by participants in the context of the parenthood life stage, not chronological age. As Gronkjaer et al. (2020)[21]. findings suggest, the life stage and responsibilities borne by midlife women may have greater influence on their alcohol consumption than age, due to the interplay between life stage and level of personal responsibility, stress and leisure time. Future research may find greater utility in the use of life stage and circumstance such as parenthood or retirement, rather than a specific age, when studying the alcohol consumption of midlife women.

A strength of the research team itself was their 'insider' perspective of the cohort under investigation. With an all-female team, and a number of the research team members living in the geographical area, this composition provided useful insight into potential avenues for exploration. However, all members of the research team were health promotion practitioners, and this influenced the formation of the discussion guide to have a dual focus not only on the role of alcohol, but also on gathering feedback on health promotion messaging. This split diluted the time given to the role of alcohol, the focus of the research, and may have skewed group discussion away from the positive practical role of alcohol to focus on negative health implications.

3. Conclusion

Our work adds to the burgeoning literature on the use and impact of alcohol in the lives of midlife women. Although this study was focused on the specific Northern Beaches geographical area, findings overall were concordant with contemporary literature concerning the functional role of alcohol and the discounting of negative health effects in this cohort. However, this clear focus on a specific group allowed for questions around the impact of affluence and privilege, the real life practicality of 'swap it' messaging for modern women, the increased social pressure moderation triggers for individuals and the potential ways parenthood exposes women to new alcohol environments. These findings open up compelling avenues for further research and hold significant insight for population health messages and strategies seeking to reduce risky drinking behaviours and alcohol-related harms experienced by midlife women.

Data availability statement

The data associated with this study has not been deposited into a publicly available repository due to the data being confidential. The sharing of this data was not stated in the original ethics application and permission to share data was not sought from study participants.

CRedit authorship contribution statement

Arlita Willman: Conceptualization, Formal analysis, Investigation, Methodology, Supervision, Visualization, Writing – original draft, Writing – review & editing. **Jenna Harkness:** Conceptualization, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing. **Kara McDonnell:** Conceptualization, Formal analysis, Investigation, Methodology, Visualization, Writing – review & editing. **Melissa Palermo:** Conceptualization, Funding acquisition, Investigation, Methodology, Supervision, Writing – review & editing. **Rebecca Macnaughton:** Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Resources, Visualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.heliyon.2023.e21440>.

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