

Parenting styles and emotional attachment among parents of early adolescents in Aldeã São Miquel, Timor Leste

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ABSTRACT

Background: Parenting practices and emotional attachment are important family-level determinants of adolescent mental health, emotional regulation, and social adjustment. In Timor-Leste, parenting occurs within a post-conflict, resource-limited, and strongly family-oriented context, yet evidence on parents' lived experiences with early adolescents remains limited.

Objectives: This study explored parents' experiences in applying parenting styles and building emotional attachment with early adolescent children in Aldeã São Miquel, Timor-Leste.

Methods: A qualitative phenomenological design was used. Ten parents of adolescents aged 11–15 years were recruited through purposive sampling. Data were obtained through in-depth, semi-structured interviews and analyzed using a six-step thematic process supported by NVivo 12 Plus. Trustworthiness was strengthened through cross-participant source triangulation, comparison of interview data with field notes, and an audit trail. Ethical approval was obtained from the Ethics Committee of Universitas 'Aisyiyah Yogyakarta.

Results: Three interconnected themes were identified. First, parenting practices reflected discipline, future orientation, and attempts to balance firmness with adolescents' growing autonomy. Second, emotional attachment was maintained through daily communication, physical and emotional reassurance, parental self-control during conflict, and involvement in children's social lives. Third, parenting was shaped by local family and religious values, peer and environmental influences, parents' previous adverse experiences, single-parent responsibilities, and work-related separation. Warmth and responsiveness frequently coexisted with firm control, indicating that parenting practices were dynamic rather than limited to a single fixed category.

Conclusions: Supportive communication, consistent boundaries, and emotionally responsive parenting may strengthen adolescents' sense of security and psychosocial well-being. Community-based health services should incorporate culturally appropriate parenting education, early identification of parental distress, and referral pathways for families affected by trauma or limited social support. Midwives, nurses, and other primary health workers can play a strategic role in strengthening parent–adolescent relationships.

Keywords: *adolescent mental health; emotional attachment; early adolescence; parenting styles; Timor-Leste*

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INTRODUCTION

Early adolescence is a transitional period marked by rapid physical maturation, cognitive development, increasing autonomy, and changes in emotional and social relationships. Because age boundaries vary across sources, this study operationally defined early adolescence as 11–15 years, consistent with the participant eligibility criteria. During this phase, the family remains an important source of protection, guidance, emotional security, and health-related behavior formation (1,2,3).

Adolescents in Timor-Leste face interconnected health and social challenges. The World Health Organization has reported risks related to injury, tuberculosis, interpersonal violence, suicide, physical inactivity, tobacco use, and early marriage among adolescents in the country (2). More recent evidence also indicates a substantial burden of loneliness among school-going adolescents in Timor-Leste, with social and parental factors contributing to their psychosocial experiences (19). These conditions highlight the importance of family relationships as a component of adolescent health promotion and prevention. Parenting style refers to the

emotional climate in which parents apply specific practices such as monitoring, discipline, communication, and support (4). Evidence consistently associates parental warmth, behavioral guidance, and autonomy support with fewer externalizing problems, whereas harsh, psychologically controlling, permissive, and neglectful patterns are associated with poorer behavioral outcomes (5,6). However, parenting during adolescence is dynamic. As adolescents seek greater independence, parents must renegotiate authority and maintain connection without relying solely on control (7).

Emotional attachment provides adolescents with a sense of safety from which they can explore social roles and develop independence. Supportive parent–adolescent relationships characterized by openness, acceptance, responsiveness, and predictable boundaries contribute to emotion regulation, prosocial behavior, and psychological adjustment (8,13). Conversely, inconsistent emotional availability, unresolved conflict, or limited communication may increase vulnerability to emotional and behavioral difficulties. The post-conflict history of Timor-Leste also has implications for family health. Parents'

exposure to trauma, depression, or adverse childhood experiences can affect emotional availability, discipline, and the intergenerational transmission of psychological risk (14,18). Research in conflict-affected Timor-Leste supports the need for trauma-informed maternal and family care, including assessment of parental distress and accessible parenting support (18).

Parenting in Aldeã São Miquel is also embedded in extended-family relationships, faith-based routines, economic demands, and community expectations. These contextual factors should not be treated as fixed cultural labels; rather, they shape how individual families interpret discipline, affection, responsibility, and help-seeking. Evidence from culturally and socioeconomically diverse settings shows that parenting support is most effective when it is adapted to local family realities and delivered through accessible community systems (20,21).

A preliminary interview in Aldeã São Miquel indicated that parents used firm rules, encouragement, and extended-family involvement to address adolescents' rule-breaking, peer influence, and school-related discipline. However, little is known about how parents in this community understand their parenting practices and emotional relationships with early adolescents. Therefore, this study aimed to explore parents' experiences in applying parenting styles, maintaining emotional attachment,

and responding to contextual challenges in Aldeã São Miquel, Timor-Leste.

MATERIALS AND METHODS

This study used a qualitative phenomenological design to explore the lived experiences of parents in raising early adolescents and maintaining emotional attachment. The study was conducted in Aldeã São Miquel, Timor-Leste. Participants were selected through purposive sampling. The participants were 10 parents from São Miquel and Aimutin Center who had children aged 11–15 years and were directly involved in their daily care. Participation was voluntary, and informed consent was obtained before data collection.

The semi-structured interview guide was reviewed by three experts with expertise in adolescent health, family and community nursing, and qualitative research. The experts assessed the relevance, clarity, comprehensibility, cultural appropriateness, and sensitivity of each interview question in relation to the study objectives and the local context of Timor-Leste. Based on their recommendations, several questions were simplified to improve clarity, the sequence of questions was reorganized to facilitate a more natural interview flow, and additional probing questions were included to explore parenting practices and emotional attachment in greater depth. The revised interview guide was subsequently pilot-tested with two parents who had

characteristics similar to those of the study participants but were not included in the final sample. Minor wording adjustments were made following the pilot testing before the guide was used for data collection.

Interview data were analyzed using Creswell's six-step thematic process: (1) transcription and organization of interview data; (2) repeated reading to obtain an overall understanding of participants' accounts; (3) initial coding of meaningful segments; (4) grouping related codes into categories; (5) development and review of themes; and (6) narrative interpretation of the meanings represented by the themes (23). NVivo 12 Plus was used to support data organization and coding.

Trustworthiness was strengthened through source and method triangulation. Source triangulation involved comparing experiences and recurring patterns across the 10 participants, while method triangulation involved comparing interview transcripts with contemporaneous field notes generated during data collection. An audit trail documented coding, category development, theme refinement, and other analytical decisions.

Ethical approval was obtained from the Ethics Committee of Universitas 'Aisyiyah Yogyakarta (No. 4337/KEP-UNISA/III/2025). Participant identity was protected by using codes P1–P10 in all quotations and reports.

Table 1. Characteristics of participating parents and their adolescent children

Particip ant code	Parent age (years)	Number of children	Adolescent age (years)	Child's birth order	Child's gender	Relationsh ip to child	Residence area
P1	53	4	15	2	Male	Father	Sao Miquel
P2	48	3	14	1	Female	Mother	Aimutin Center
P3	52	5	13	3	Male	Mother	Sao Miquel
P4	54	4	14	3	Male	Father	Sao Miquel
P5	56	5	15	4	Female	Mother	Aimutin Center
P6	44	3	13	2	Male	Mother	Aimutin Centru
P7	50	2	12	4	Male	Father	Sao Miquel
P8	45	3	12	3	Male	father	Sao Miquel
P9	46	4	11	3	Female	Father	Sao Miquel
P10	52	2	14	2	Male	Mother	Aimutin Centru

RESULTS AND DISCUSSION

Ten parents participated in the study, and their characteristics are summarized in **Table 1**. The thematic analysis produced

three interconnected themes: (1) parenting between discipline and autonomy; (2) emotional attachment and emotional regulation; and (3) contextual dynamics of

parenting in Timor-Leste. The findings and their interpretation are presented together so that each result is directly followed by discussion in relation to adolescent health and relevant evidence.

Theme 1. Parenting Between Discipline and Autonomy

Parents described parenting as an effort to guide adolescents toward acceptable behavior while gradually allowing greater independence. Their accounts showed combinations of control, warmth, advice, monitoring, and negotiation rather than a single fixed parenting category.

Subtheme 1. Discipline and the Formation of Daily Values

Parents established rules related to prayer, school attendance, household behavior, and relationships within the neighborhood. Discipline was generally presented as a way of directing children toward what parents considered safe and morally appropriate.

Participant statements:

P3: "We must scold the children to follow the right path."

P5: "We must obey the rules, from inside the house to the neighborhood."

P2: "What is good should be taken, and what is not good should not be imitated."

P6: "I always guide and direct them toward good things. I show them what is allowed and what is not."

These statements reflect the use of behavioral control and direct moral instruction. Consistent rules can support adolescent safety when they are predictable and accompanied by explanation and warmth. However, scolding or harsh control may limit openness if adolescents experience discipline as threatening. Meta-analytic evidence indicates that warmth, behavioral control, and authoritative parenting are associated with fewer externalizing problems, while harsh and psychologically controlling practices are associated with greater behavioral difficulties (5,6). Health education for parents should therefore distinguish consistent boundaries from humiliating, fear-based, or violent discipline.

Subtheme 2. Support for Independence and Future Orientation

Parents encouraged school participation, employment aspirations, self-reliance, and independent decision-making. Independence was understood as a gradual process in which adolescents learn responsibility while remaining under parental guidance.

Participant statements:

P1: "Going to school, they must be diligent in studying so that one day they can get a job."

P4: "They must be able to be independent; don't just rely on others."

P6: "If they want to live independently, give them space."

P8: "Now he is starting to be independent, going to school on his own and making his own decisions."

The findings demonstrate parents' recognition of adolescents' emerging competence. Developmentally responsive parenting involves a shift from unilateral authority toward greater reciprocity and negotiated responsibility (7). Autonomy support does not mean an absence of supervision; rather, parents remain emotionally available while allowing adolescents to practice decision-making. Such an approach can strengthen self-efficacy, school engagement, and future orientation.

Subtheme 3. Balancing Firmness, Warmth, and Freedom

Several parents described adjusting their responses according to the seriousness of the adolescent's behavior. They attempted to remain firm while allowing discussion, simple choices, and opportunities to learn from experience.

Participant statements:

P4: "If it is reasonable, I let it go. But if it goes too far, I have to correct them."

P10: "I am fairly firm while still giving my child space to debate and make simple decisions."

P5: "Even though I am a single parent, I accept them wholeheartedly."

P8: "We follow our parents' ways, but adapt them to modern times."

This combination resembles an authoritative orientation in which expectations are paired with responsiveness and respect for the adolescent's perspective (4,5). Nevertheless, the data also show that parents move between approaches according to stress, behavior, family structure, and inherited parenting experiences. Parenting styles should therefore be interpreted as flexible patterns within a social context rather than rigid labels assigned to individual parents.

Theme 2. Emotional Attachment and Emotional Regulation

Emotional attachment was expressed through communication, physical closeness, reassurance, apology, patient conflict management, and continued interest in adolescents' daily lives. These behaviors helped adolescents remain connected to parents while developing greater independence.

Subtheme 1. Emotional Closeness and Open Communication

Parents described ordinary family moments—meals, bedtime, conversation, and physical comfort—as opportunities to maintain closeness. Communication was not limited to giving instructions; several parents intentionally created time for adolescents to speak.

Participant statements:

P1: "Communication between me and our child is always smooth."

P3: "The relationship between father and child is always close."

P10: "I set aside time for casual conversations, whether during meals or before bed."

P7: "I talk to them; I hug them to calm them down."

These accounts indicate emotional availability and responsiveness, core features of secure attachment. Secure attachment is associated with better emotion regulation, greater use of social support, and healthier adjustment during adolescence (9,13). For health workers, asking parents about daily communication and the adolescent's comfort in seeking help may provide practical indicators of relationship quality.

Subtheme 2. Managing Emotion During Parent-Adolescent Conflict

Parents reported that conflict was common but could be managed by pausing, approaching the child gradually, speaking after emotions subsided, and apologizing when necessary. Some parents deliberately avoided responding immediately when both parent and child were angry.

Participant statements:

P1: "We get angry, but in the end, we always apologize to them."

P6: "I approach them slowly, ask why, and talk nicely until they calm down."

P4: "If both are emotional, it does not solve

anything. After it calms down, I talk to them."

P7: "If they are angry, I stay quiet for a while. Once they have calmed down, we can continue."

Parents' self-regulation functions as a model for adolescent emotion regulation. Family environments influence how children identify, express, and manage emotions through observation, direct coaching, and the emotional climate of the relationship (8). Supportive relationships may reduce depressive symptoms and aggression partly by strengthening adolescents' emotion-regulation capacities (9). Parenting programs should therefore include skills for de-escalation, active listening, repair after conflict, and non-violent communication.

Subtheme 3. Family Involvement and Social Support

Parents maintained connection by knowing their children's friends, inviting peers to the home, participating in shared routines, and involving relatives when additional guidance was needed. These strategies combined emotional closeness with informal monitoring.

Participant statements:

P9: "It depends on how we raise our children so they stay close to their parents."

P8: "We sometimes invite their friends over so we can monitor them directly."

P10: "I know their friends and often invite them over to play."

P6: "We raised them using what we learned from our own parents."

Parental knowledge and monitoring are most protective when adolescents experience them as care rather than surveillance. Attachment to parents and peers is linked to emotional competence and prosocial behavior, suggesting that parents can support healthy peer relationships without attempting to eliminate adolescent autonomy (13,22). Extended-family involvement may also be a practical resource, but the adolescent's privacy and voice should remain respected.

Theme 3. Contextual Dynamics of Parenting in Timor-Leste

Parenting practices were shaped by family and faith-based values, peer influence, economic responsibilities, previous adversity, single-parent roles, and periods of parental absence for work. These conditions influenced the amount of time, emotional energy, and support available to parents.

Subtheme 1. Family and Religious Values in Daily Parenting

Participants described prayer, forgiveness, respect, and family responsibility as part of everyday parenting. In this study, religion functioned as a family routine and coping resource rather than as a theological framework for interpreting the findings.

Participant statements:

P3: "In the morning, we pray first, then get ready for school."

P10: "We pray together to resolve issues and forgive one another."

P6: "I experienced a difficult time when I was young, and that experience influences how I raise the children."

The findings show how family values and faith-based practices may provide structure, meaning, and opportunities for reconciliation. However, culturally responsive health practice requires attention to variation among families and should avoid assuming that all parents interpret religion, discipline, or support in the same way.

Qualitative research in neighboring Indonesia similarly shows that parenting adolescents is shaped by socioeconomic conditions, religious expectations, peer influence, and parents' knowledge of adolescent development (20).

Subtheme 2. Peer and Environmental Challenges

Parents viewed peers and the surrounding environment as important influences on school attendance, social behavior, romantic relationships, and adolescents' future goals. They responded through advice, boundaries, and monitoring.

Participant statements:

P9: "Sometimes they say they are going to school, but they end up hanging out."

P7: "Nowadays, friends have a greater influence than family."

P6: "I remind them to pursue their dreams first."

Peer relationships become increasingly important in adolescence and can be both supportive and risky. The goal of parenting is therefore not to prevent peer attachment but to maintain communication, help adolescents evaluate risk, and provide a secure base to which they can return. Evidence from Timor-Leste showing high levels of loneliness also suggests that adolescent social well-being should be assessed alongside behavioral monitoring (19).

Subtheme 3. Single Parenting, Work-Related Separation, and Limited Support

Single parents and parents who worked away from home described additional challenges in maintaining daily supervision and emotional contact. Some families also lacked support from grandparents or other older relatives.

Participant statements:

P5: "Even though I am a single parent, I accept it wholeheartedly."

P9: "Our parents passed away shortly after we got married, so we have raised our children on our own."

P8: "Sometimes I work at sea for a month before coming home. That might affect the children's emotions."

These accounts indicate that parenting quality cannot be separated from caregiver burden, employment demands, mental health, and access to social support. Parental trauma and depressive symptoms may reduce emotional availability, while

family-focused interventions in low- and middle-income settings can improve child and adolescent mental health when they are feasible, culturally adapted, and linked to community services (14,18,21). Primary health workers can identify parents experiencing distress, normalize help-seeking, offer brief parenting guidance, and facilitate referral when more specialized psychosocial care is required.

Health Practice Implications

The findings support a family-centered adolescent health approach. Midwives, nurses, community health workers, and other primary care providers can incorporate brief assessment of parent–adolescent communication, non-violent discipline, caregiver stress, exposure to trauma, and available family support into routine services. Parenting education should emphasize emotional responsiveness, consistent boundaries, shared problem-solving, and developmentally appropriate autonomy. Community-based sessions may be strengthened through collaboration with schools, local leaders, and faith communities while maintaining health-based, non-judgmental, and inclusive messaging. This study involved a small purposively selected sample from one aldeã; therefore, the findings are context-specific and are not intended to represent all families in Timor-Leste. Triangulation was limited to comparison across participants

and checks against field notes; the study did not include adolescent interviews or direct observations of parent–adolescent interaction. Future studies should include adolescents, fathers and mothers from diverse settings, and health workers to examine how family relationships interact with adolescent mental health outcomes.

CONCLUSION AND RECOMMENDATION

Parenting early adolescents in Aldeã São Miquel involves a continuous effort to balance discipline, warmth, monitoring, and growing autonomy. Emotional attachment is maintained through daily communication, reassurance, conflict repair, and parental involvement in adolescents' social lives. These practices are influenced by family and religious values, peer and environmental pressures, previous adversity, caregiver burden, single-parent responsibilities, and work-related separation. The findings emphasize that emotionally responsive parenting and consistent, non-violent boundaries are important resources for adolescent psychosocial health. Community and primary health services should provide culturally appropriate parenting education, identify caregiver distress early, and establish referral pathways for families affected by trauma or limited support.

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