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Variable	N of Items	Cronbach's Alpha	KMO Statistics	Decision Rule
Treatment of PPD	11	.894	.848	Accept
Telemedicine Engagement	5	.873	.883	Accept
Telemedicine Assessment	5	.883	.889	Accept
Telemedicine Use	5	.893	.961	Accept
Telemedicine Efficiency	5	.945	.906	Accept

The test indicated that the data collected for the completion of the study was indeed reliable with each of the variables having a score above the 0.7 threshold. On a similar note, the KMO test was also indicative of the validity of the data under use since all the scores were also above the accepted 0.6 threshold for data validity. Piloting as well proved key to enriching the content of the Likert scale questionnaire thus enhancing the data that was collected

#### **4.4 Descriptive Statistics**

Each of the variables that were being tested were first analysed descriptively with the mean, mode, and standard deviation for the responses to the statements being divulged. It was indicative of the manner with which each of the study variables was regarded by the study population with the overall responses also indicated for each variable.

##### **4.4.1 Telemedicine on Post Partum Depression Treatment**

Respondents were tasked to assess the factors as they affect the operations of Access Afya, Kenya with regards to the implementation of telemedicine to their PPD efforts and concerns. The respondents were required to state their level of agreement with the following statements.

---

B1 The availability of telemedicine tools has improved the efficiency of diagnosing and managing PPD cases.

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B2 Patients express satisfaction with the level of emotional support provided during their PPD treatment at Access Afya Kenya.

B3 The telemedicine platform used for PPD treatment facilitates effective communication between healthcare workers and patients.

B4 Healthcare workers at Access Afya Kenya demonstrate a good understanding of the treatment protocols for managing PPD.

B5 Patients report a high level of confidence in the effectiveness of the treatment received for PPD at Access Afya Kenya.

B6 The follow-up procedures implemented by Access Afya Kenya help ensure patients adhere to their treatment plans for PPD.

B7 IT systems at Access Afya Kenya adequately support the telemedicine services provided for PPD treatment.

B8 Healthcare workers receive sufficient training and support to effectively use telemedicine tools for PPD management.

B9 The approach to managing PPD at Access Afya Kenya is patient-centered and responsive to individual needs and preferences.

B10 The current screening procedures for postpartum depression (PPD) at Access Afya Kenya effectively identify high-risk patients early.

B11 Patients express satisfaction with the level of emotional support provided during their PPD treatment at Access Afya Kenya.

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The respondents were in general agreement with the statements as indicated by the mode of five for most of the questions with a positive perception also being noted on the impact of telemedicine on treatment of PPD. The lowest means for the questions were indicative of lower agreement with a patient-centered approach and the overall satisfaction with emotional support with questions B9 and B11

**Table 4. 2: Frequencies of attitudes towards PPD treatment**

Statistics											
	B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11
Valid	58	58	58	58	58	58	58	58	58	58	58
Missing	0	0	0	0	0	0	0	0	0	0	0
Mean	3.91	3.97	4.14	4.00	3.95	4.07	3.83	3.86	3.79	4.02	3.79
Mode	5	5	5	5	5	5	5	5	5	5	5
Std. Deviation	1.189	1.184	1.131	1.214	1.191	1.255	1.244	1.206	1.253	1.207	1.295

#### 4.4.2 Telemedicine Engagement

The respondents were tasked with divulging the state of engagement with telemedicine by answering the queries as follows

---

C1 Telemedicine consultations have increased accessibility to depression screening and support for postpartum women who might otherwise have difficulty accessing in-person services.

C2 The availability of telemedicine options has encouraged more postpartum women to seek depression screening and support compared to traditional in-person consultations.

C3 Postpartum women are more likely to engage in telemedicine consultations for depression screening and support due to the convenience and flexibility it offers in accessing healthcare services.

C4 Telemedicine engagement has led to a noticeable increase in the number of postpartum women seeking timely assistance for depression symptoms, contributing to early intervention and improved outcomes.

C5 The utilization of telemedicine for depression screening and support has effectively reached underserved populations, including those in remote or rural areas, thereby increasing overall engagement among postpartum women.

---

The general consensus around the engagement of telemedicine was positive as seen by the mean scores which ranged from 3.69 to 3.97 as seen by table below. This indicates a general positive agreement from the respondent pertaining to the effect of telemedicine engagement in the treatment of women with postpartum depression.

**Table 4. 3: Frequencies of the effect of telemedicine engagement**

		Statistics				
		C1	C2	C3	C4	C5
N	Valid	58	58	58	58	58
	Missing	0	0	0	0	0
Mean		3.91	3.97	3.93	3.93	3.69
Median		4.00	4.00	4.00	4.00	4.00
Std. Deviation		1.174	1.169	1.212	1.153	1.188

#### 4.4.3 Telemedicine Assessments

The respondents were posited with questions that would test their degree of agreement with the following statements as they pertain to telemedicine assessment

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D1 Telemedicine assessments have enabled earlier detection of postpartum depression symptoms compared to traditional in-person assessments.

D2 The use of telemedicine tools for depression assessments allows for more frequent monitoring of postpartum women's mental health, facilitating early detection of potential concerns.

D3 Healthcare providers are able to identify signs of postpartum depression sooner through telemedicine assessments, leading to prompt intervention and support.

D4 Telemedicine assessments have improved the efficiency of identifying postpartum depression symptoms, reducing the risk of undiagnosed cases and associated complications.

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D5 Postpartum women express confidence in the accuracy and effectiveness of telemedicine assessments for detecting depression symptoms early, contributing to timely access to appropriate care and support.

The mean scores range from 3.78 to 4.03 suggested a positive perception of telemedicine assessment and its effect on treatment of PPD. This means that overall telemedicine aided in early detection and care. This also facilitates support and knowledge on the associated complications.

**Table 4. 4: Frequencies of the effect of telemedicine assessment in treating PPD**

		Statistics				
		D1	D2	D3	D4	D5
N	Valid	58	58	58	58	58
	Missing	0	0	0	0	0
Mean		3.78	4.03	3.78	3.95	3.83
Median		4.00	4.00	4.00	4.00	4.00
Std. Deviation		1.125	1.092	1.155	1.050	1.062

#### 4.4.4 Improved Use of Telemedicine

The implementation of telemedicine and its utility in use were assessed as per the questions posited in the questionnaire below

E1 Postpartum women report a higher level of adherence to their depression treatment plans since incorporating telemedicine-based follow-up sessions into their care.

E2 The convenience of telemedicine follow-up sessions has contributed to improved treatment adherence among postpartum women diagnosed with depression.

E3 Healthcare providers have observed a noticeable increase in treatment adherence among postpartum women receiving telemedicine-based support compared to those receiving only in-person care.

---

E4 Postpartum women express a stronger sense of accountability and commitment to their depression treatment regimen following telemedicine-based consultations and support sessions.

E5 The integration of telemedicine into postpartum depression care has resulted in more consistent and regular engagement with treatment protocols, leading to better overall treatment adherence and management outcomes.

---

The statements all ranged with a mode of 4 indicating a high positive perception of the use of telemedicine and the improvements it has undergone over time to treat the instances of PPD as they happen.

**Table 4. 5: Frequencies of the effect increased use of telemedicine has had on the treatment of PPD**

		Statistics				
		E1	E2	E3	E4	E5
N	Valid	58	58	58	58	58
	Missing	0	0	0	0	0
Mean		3.83	4.05	3.98	4.00	4.02
Median		4.00	4.00	4.00	4.00	4.00
Std. Deviation		1.110	.981	1.000	1.009	1.051

#### 4.4.5 Telemedicine Efficiency

The levels of telemedicine efficiency in treating patients with PPD among the population were assessed as per the questions below

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F1 Postpartum women report high levels of satisfaction with the convenience and accessibility of receiving depression care through telemedicine platforms.

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F2 The efficiency of telemedicine platforms in facilitating timely consultations and follow-up appointments has positively contributed to postpartum women's overall satisfaction with their depression care.

F3 Healthcare providers find that telemedicine platforms enhance their ability to deliver personalized and responsive care to postpartum women with depression, resulting in higher patient satisfaction ratings.

F4 Postpartum women appreciate the ease of communication and interaction with healthcare providers via telemedicine platforms, leading to increased satisfaction with the care received for depression.

F5 The streamlined administrative processes and reduced wait times associated with telemedicine consultations contribute to improved patient satisfaction levels among postpartum women accessing depression care through telemedicine platforms.

The highest mean of 4.09 for statement F2 indicates strong agreement that the efficiency of telemedicine platforms contributes to overall satisfaction with depression care. The mean scores for all statements ranged from 3.90 to 4.09, suggesting a positive perception of telemedicine's efficiency as shown by Table 4.6 below.

**Table 4. 6: Frequencies of the efficiency of telemedicine use in treatment of PPD**

		Statistics				
		F1	F2	F3	F4	F5
N	Valid	58	58	58	58	58
	Missing	0	0	0	0	0
Mean		3.90	4.09	4.05	4.05	3.98
Median		4.00	4.00	4.00	4.00	4.00
Std. Deviation		1.071	.960	1.016	1.016	1.084

#### 4.5 Correlation Analysis

Correlation analysis was undertaken to determine correlations between the use of telemedicine and the treatment of postpartum depression at Access Afya, Kenya.

**Table 4. 7: Correlations**

	Treatment of PPD	Telemedicine Engagement	Telemedicine Assessments	Telemedicine Use	Telemedicine Efficiency
Treatment of PPD	1.000				
Telemedicine Engagement	.681	1.000			
Telemedicine Assessments	.699	.709	1.000		
Telemedicine Use	.777	.813	.325	1.000	
Telemedicine Efficiency	.665	.761	.452	.882	1.000

Table 4.7 underscores the correlation between the variables with the treatment of PPD having a strong positive correlation to telemedicine use, assessment, engagement and efficiency. This means that the more these aspects of telemedicine increase the more the treatment of PPD within Access Afya, Kenya improves.

#### 4.6 Regression Analysis

The regression model for testing the effect that telemedicine implementation has on the treatment of PPD was significant as it had a 62.2% predictive ability as indicated by Table 4.8 below. It thus holds true for this model that telemedicine contributes 62.2% towards the effectiveness of treatment offered to patients suffering from PPD.

**Table 4. 8: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.789 <sup>a</sup>	.622	.593	7.668
a. Predictors: (Constant), Telemedicine Assessment s, Telemedicine Engagement, Telemedicine Efficiency, Telemedicine Use				

**Table 4. 9: ANOVA Test**

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5128.196	4	1282.049	21.802	.000 <sup>b</sup>
	Residual	3116.580	53	58.803		
	Total	8244.776	57			
a. Dependent Variable: Treatment of PPD						
b. Predictors: (Constant), Telemedicine Assessments, Telemedicine Engagement, Telemedicine Efficiency, Telemedicine Use						

Table 4.9 indicates that the p value is less than 0.05 meaning that telemedicine has a significant effect on the treatment of patients suffering from postpartum depression. Table 4.10 below also indicated the significant and positive relationship between telemedicine and the improvement of PPD treatment to be strongly intertwined. The efficiency, engagement, and assessments of telemedicine, while positively associated with the treatment of PPD, do not show statistically significant effects. This suggest that while they are important components of telemedicine their impact on PPD treatment might encompass variables not included in this study.

**Table 4. 10: Regression Coefficients**

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.352	4.639		.723	.473
	Telemedicine Efficiency	-.335	.468	-.130	-.716	.477
	Telemedicine Use	1.629	.590	.634	2.761	.008
	Telemedicine Engagement	.338	.335	.149	1.009	.318
	Telemedicine assessments s	.400	.374	.164	1.071	.289

a. Dependent Variable: Treatment of PPD

#### 4.8 Chapter Summary

The analysis of findings established the effectiveness of telemedicine in the treatment of postpartum depression (PPD) which is in alignment with prior research in the field. Descriptive statistics established an overall positive sentiment with telemedicine and its utility in providing care and support for PPD patients. This ranged from robust communication channels to the support and care system that ensured early diagnosis and subsequent treatment. Notably, the correlation and regression analysis showed a strong and positive correlation between telemedicine implementation and treatment of PPD patients. Despite telemedicine engagements, assessments, efficiency and increased use having a positive correlation they did not prove statistically significant in predicting the effectiveness of telemedicine in the treatment of PPD.

Existing literature stood underpin this as various studies were found to bear similar findings to the ones attained at Afya Access, Kenya highlighting the need for increased telemedicine in fields across the board in health. Some studies however were focused on external factors as they affect telemedicine as well as the lack of specificity that this study had on the treatment of postpartum depression.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter goes about summarizing the key findings of the study presenting conclusions that were drawn from the analysis of the data that was collected and offer recommendations based on the results. Additionally, it discusses the limitations that the research undertaking may have encountered and areas that could warrant further research in the future.

#### 5.2 Discussion of Findings

The study aimed to investigate the influence of telemedicine practices on the treatment of postpartum depression (PPD) at Access Afya, Kenya. The findings were analyzed and discussed in relation to the existing literature.

##### 5.2.1 Telemedicine on Post-Partum Depression Treatment

The study revealed a significant positive correlation between telemedicine and the treatment of PPD, aligning with previous literature highlighting the effectiveness of telemedicine interventions in addressing mental health issues (Bashshur et al., 2016; Liu et al., 2022; Nair et al., 2018). Respondents acknowledged the improved efficiency of diagnosing and managing PPD cases through telemedicine tools, corroborating findings from Zhao et al. (2021) and Loveless-Yates (2023). The conclusions of this study however differed from Augusterfer (2013) who established barriers to the provision of telemedicine rather than the effect it had in already established locales.

##### 5.2.2 Telemedicine Engagement

The study found positive perceptions regarding the convenience and flexibility offered by telemedicine consultations, leading to increased engagement and timely assistance for postpartum women. This resonates with the work of Furlepa et al. (2022), who emphasized addressing barriers to telemedicine adoption for successful implementation. The study could also be assessed from the perspective of Myers (2019) who assessed the engagement of telemedicine as a means of policy training and rural outreach unlike the findings of the current study that were focused on the perception by the health workers.

### **5.2.3 Telemedicine Assessments**

The study highlighted the potential of telemedicine in improving treatment adherence and continuity of care. Respondents reported higher levels of adherence to treatment plans and a stronger sense of accountability following telemedicine-based consultations and support sessions, bearing similarity to the findings of Basit, Mathews, and Kunik (2020), Healy et al. (2023), and Dixon-Shamblay and Gabbe (2021). The assessment of Telemedicine as employed in assessing overall mental established that there were barriers to tele psychiatry and not specifically the treatment of post-partum depression (Augusterfer, 2013). Early detection and support were also highlighted as key tenets of improving the assessment of women who might be susceptible to postpartum depression.

### **5.2.4 Improved Use of Telemedicine**

While the study contributed to the growing body of evidence supporting the efficacy of telemedicine interventions for PPD, it also identified areas for improvement, such as the need for a more patient-centered approach and enhanced emotional support during PPD treatment. This finding aligns with the recommendations of Brooks, Turvey, and Augusterfer (2013) and Vicente et al. (2022).

Other researchers took into account the interventions that telemedicine could present rather than its gradual improvement as it comes under use over time, studies such as those done by Alson, Bennett, Rochani (2019) and Vicente et al. (2022) highlight this discrepancy in findings.

### **5.2.5 Telemedicine Efficiency**

The study underscored the need for context-specific research to address regional disparities and tailor solutions to the unique challenges faced by healthcare providers and patients in different settings. This aligns with the research gap identified by Alston, Bennett, and Rochani (2019) and Talal et al. (2022), who emphasized understanding the impact of telehealth delivery on engagement and continuity of care in specific contexts. The context in the current study is the effect that efficiency and overall telemedicine has on the treatment of postpartum depression.

The ease of communication and correspondence was highlighted by the respondents were women who were suffering from postpartum depression appreciated the prompt service that telemedicine had offered (Loveless-Yates 2023).

### **5.3 Conclusion**

The findings of this study demonstrate the significant positive implications of telemedicine implementation for the treatment of postpartum depression (PPD) at Access Afya, Kenya. The study has successfully achieved its objectives, highlighting the effectiveness of telemedicine interventions in addressing mental health issues, which aligns with the existing body of literature. The increased use of telemedicine sets a precedent for the effectiveness of PPD treatment, emphasizing the importance of adopting and leveraging telemedicine solutions in this context.

Specifically, the study has shown that addressing concerns in postpartum depression treatment through telemedicine interventions can provide efficient and affordable care, while also prioritizing the individual needs and preferences of postpartum women, fostering a holistic and supportive treatment experience. Overall, the study's conclusions underscore the transformative potential of telemedicine in improving the diagnosis, management, and treatment of postpartum depression. By leveraging the benefits of telemedicine, including increased accessibility, early detection, improved treatment adherence, and overall efficiency, Access Afya, Kenya can better support postpartum women and contribute to improved mental health outcomes within the community.

### **5.4 Recommendations of the Study**

The findings led the study to undertake the following recommendations pertaining to each variable of the study.

#### **5.4.1 Treatment of PPD**

The study recommended that a patient-centered approach be continually developed by incorporating the patients into the decision-making process, considering their preferences, and tailoring care plans and individual needs. This can be coupled with regular training and awareness programs for healthcare professionals to foster a deeper understanding of patient care and effective communication strategies. The provision of additional support measures could prove to increase the effectiveness of telemedicine interventions in the treatment of PPD. It can also be improved in terms of ensuring equitable access to telemedicine services for all individuals, regardless of socioeconomic status or geographical location. Initiatives that bridge the digital divide and address disparities of telemedicine utilization among underserved populations.

### **5.4.2 Telemedicine Engagement**

The study recommends that the convenience and accessibility of telemedicine should be used to encourage more women to seek PPD preventive care as well as care when they suffer from PPD. Targeted awareness and education campaigns to encourage screening and support through telemedicine platforms. This should especially be encouraged in areas where telemedicine has not come under wide use and implementation where community collaboration and local authorities can help in outreach to underprivileged women who might have a propensity to suffer from PPD. The patient-centered approach should also entail the continuous augmentation of telemedicine platforms to ensure they are user-friendly that enhance the overall user experience and encourage sustained engagement.

### **5.4.3 Telemedicine Assessment**

The research undertaken recommends investment in enhancing the quality and efficacy of telemedicine assessments for PPD. Provide healthcare providers with training and support to ensure that PPD symptoms are accurately and quickly identified during remote consultations. This can also be enhanced by formulating standardized protocols and guidelines for telemedicine care and support to ensure consistency and quality of care across healthcare facilities. Healthcare providers that have less experience can also undertake comprehensive training programs to enhance their skills in conducting preemptive care, interpreting results, and providing appropriate interventions.

### **5.4.4 Improved Use of Telemedicine**

The study recommends that healthcare workers and institutions encourage postpartum women to feel more accountable and committed to their depression treatment plan by providing periodic monitoring sessions, reminders, and personalized support via telemedicine platforms. This can be implemented to facilitate open interaction and input systems so that any hurdles to treatment adherence can be identified and addressed quickly using telemedicine-based interventions. Investigating the incorporation of telemedicine with other digital health technologies, such as mobile apps or wearable devices, to improve treatment tracking and support could also be a means of sustained improvement. Regular monitoring and evaluation of the effectiveness of telemedicine interventions in PPD treatment. Gathering feedback from healthcare providers and patients alike helps identify areas for improvement and adapt strategies accordingly.

#### **5.4.5 Telemedicine Efficiency**

Efficiency of operations necessitates that health care providers continuously improve telemedicine systems by streamlining administrative processes, shortening wait times, and increasing overall efficiency through user experience enhancements and technological advancements. Implementing strong data security and privacy safeguards to secure patient information and keep trust in the telemedicine system can also enhance overall efficiency of the telemedicine system. Automating administrative processes and decreasing wait times for consultations via telemedicine. Invest in technical innovations to improve telemedicine platform efficiency and reliability, resulting in a better overall customer experience and treatment effectiveness.

#### **5.5 Limitations of the Study**

The current study, while giving useful insights into the influence of telemedicine adoption on the treatment of postpartum depression (PPD) at Access Afya, Kenya, is subject to certain drawbacks. One noteworthy restriction is that the study was conducted in a specific healthcare setting since they were only conducted in this context and could not be generalized to other localities. The nuance that may be present at Access Afya Kenya may alter the extent to which its findings can be extended to other contexts.

The study may also suffer from bias by virtue of the population comprising primarily of healthcare practitioners may introduce inaccuracies. The respondents could be influenced by various factors such as perceptions, experiences or a desire to provide answers that may be socially desirable. Furthermore, while the sample size of 58 respondents was acceptable for this study, it may not be truly representative of the entire population of healthcare practitioners at Access Afya in Kenya, thereby limiting the findings' generalizability within the organization.

#### **5.6 Further Areas for Research**

The study findings and limitations open up several avenues for future research in the field of telemedicine implementation and the treatment of postpartum depression. One area that warrants further exploration is the long-term effects of telemedicine interventions on the outcomes of PPD patients. Longitudinal studies could also highlight the sustainability that these effects have and identify potential challenges or adaptations require over an extended period.

Examining the cost-effectiveness of telemedicine services against traditional in-person therapy for PPD treatment is another exciting subject for future research. Given the scarcity of healthcare

resources, decision-making processes and resource allocation techniques may benefit from an awareness of the financial effects of telemedicine implementation. Additionally, by utilizing the most recent developments in healthcare technology, investigating the possible integration of telemedicine with other digital health technologies, such as wearables or mobile applications, may present chances to improve PPD monitoring and treatment.



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## APPENDICES

### Appendix I: Questionnaire

#### Section A: General Profile

1. Please indicate your role in the company?
  - a) Healthcare Worker
  - b) IT Specialist
  - c) Any other (Specify)
2. What is your age group?
  - a) 18-24
  - b) 25-34
  - c) 35-44
  - d) 45-54
  - e) 55 and above
3. How long have you worked with Access Afya?
  - a) Less than 1 year
  - b) 1-3 years
  - c) 4 – 5 Years
  - d) Over 5 years
4. What is your highest level of qualifications?
  - a) High School Certificate
  - b) Diploma
  - c) Degree
  - d) Post Graduate Degree
5. What is your view in regard to use of Telemedicine in treating postpartum depression patients? \_\_\_\_\_
6. Please indicate some challenges related to use of telemedicine in dealing with mental health illness?



## Section B: Treatment of PPD Patients

Indicate the extent to which you disagree or agree with each of the statements in regard to Treatment of PPD Patients

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
The availability of telemedicine tools has improved the efficiency of diagnosing and managing PPD cases.					
Patients express satisfaction with the level of emotional support provided during their PPD treatment at Access Afya Kenya.					
The telemedicine platform used for PPD treatment facilitates effective communication between healthcare workers and patients.					
Healthcare workers at Access Afya Kenya demonstrate a good understanding of the treatment protocols for managing PPD.					
Patients report a high level of confidence in the effectiveness of the treatment received for PPD at Access Afya Kenya.					
The follow-up procedures implemented by Access Afya Kenya help ensure patients adhere to their treatment plans for PPD.					
IT systems at Access Afya Kenya adequately support the telemedicine services provided for PPD treatment.					
Healthcare workers receive sufficient training and support to effectively use telemedicine tools for PPD management.					
The approach to managing PPD at Access Afya Kenya is patient-centered and responsive to individual needs and preferences.					
The current screening procedures for postpartum depression (PPD) at Access Afya Kenya effectively identify high-risk patients early.					

The availability of telemedicine tools has improved the efficiency of diagnosing and managing PPD cases.					
Patients express satisfaction with the level of emotional support provided during their PPD treatment at Access Afya Kenya.					

### Section C: Telemedicine Engagements

This section seeks to determine whether telemedicine engagement increases the number of postpartum women engaging in telemedicine consultations for depression screening and support.

Please indicate the extent you disagree or agree with each of the statements.

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Telemedicine consultations have increased accessibility to depression screening and support for postpartum women who might otherwise have difficulty accessing in-person services.					
The availability of telemedicine options has encouraged more postpartum women to seek depression screening and support compared to traditional in-person consultations.					
Postpartum women are more likely to engage in telemedicine consultations for depression screening and support due to the convenience and flexibility it offers in accessing healthcare services.					
Telemedicine engagement has led to a noticeable increase in the number of postpartum women seeking timely assistance for depression symptoms, contributing to early intervention and improved outcomes.					
The utilization of telemedicine for depression screening and support has effectively reached underserved populations, including those in remote or rural areas, thereby increasing overall engagement among postpartum women.					

**Section D: Telemedicine Assessments**

The sections seeks to consider whether telemedicine enhances the early detection of postpartum depression through telemedicine assessments. Kindly indicate the extent to which you disagree or agree.

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Telemedicine assessments have enabled earlier detection of postpartum depression symptoms compared to traditional in-person assessments.					
The use of telemedicine tools for depression assessments allows for more frequent monitoring of postpartum women's mental health, facilitating early detection of potential concerns.					
Healthcare providers are able to identify signs of postpartum depression sooner through telemedicine assessments, leading to prompt intervention and support.					
Telemedicine assessments have improved the efficiency of identifying postpartum depression symptoms, reducing the risk of undiagnosed cases and associated complications.					
Postpartum women express confidence in the accuracy and effectiveness of telemedicine assessments for detecting depression symptoms early, contributing to timely access to appropriate care and support.					

**Section E: Use of Telemedicine**

This section examines whether improved use of telemedicine treatment adherence among postpartum women diagnosed with depression through telemedicine-based follow-up sessions and support. Indicate the extent you disagree or agree.

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

Postpartum women report a higher level of adherence to their depression treatment plans since incorporating telemedicine-based follow-up sessions into their care.					
The convenience of telemedicine follow-up sessions has contributed to improved treatment adherence among postpartum women diagnosed with depression.					
Healthcare providers have observed a noticeable increase in treatment adherence among postpartum women receiving telemedicine-based support compared to those receiving only in-person care.					
Postpartum women express a stronger sense of accountability and commitment to their depression treatment regimen following telemedicine-based consultations and support sessions.					
The integration of telemedicine into postpartum depression care has resulted in more consistent and regular engagement with treatment protocols, leading to better overall treatment adherence and management outcomes.					

### Section F: Telemedicine Efficiency

Telemedicine efficiency improve patient satisfaction with postpartum depression care delivered through telemedicine platforms. Indicate how you disagree or agree with each of the statements.

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Postpartum women report high levels of satisfaction with the convenience and accessibility of receiving depression care through telemedicine platforms.					
The efficiency of telemedicine platforms in facilitating timely consultations and follow-up appointments has positively contributed to postpartum women's overall satisfaction with their depression care.					

Healthcare providers find that telemedicine platforms enhance their ability to deliver personalized and responsive care to postpartum women with depression, resulting in higher patient satisfaction ratings.					
Postpartum women appreciate the ease of communication and interaction with healthcare providers via telemedicine platforms, leading to increased satisfaction with the care received for depression.					
The streamlined administrative processes and reduced wait times associated with telemedicine consultations contribute to improved patient satisfaction levels among postpartum women accessing depression care through telemedicine platforms.					

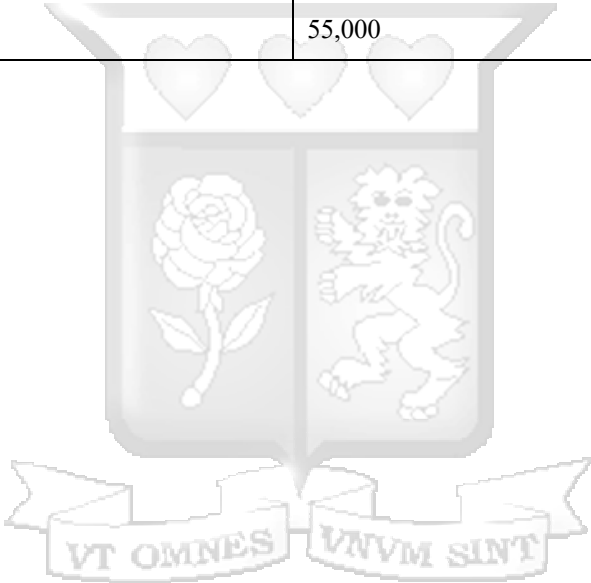
**Thank You for your time!**

### **Appendix II: Work Plan**

<b>Task</b>	<b>Duration</b>	<b>Time</b>
Writing Proposal	2 months	December 2023
Defence of Proposal	1 month	January 2024
Data Collection	1 month	February 2024
Data Analysis	2 months	April 2024
Thesis Defense	1 month	May 2024
Graduation	1 month	June 2024

**Appendix III: Budget**

Activity	Amount (Kshs)
Printing Costs and Photocopy	10,000
Airtime and Bundles Cost	5,000
Transport	10,000
Data Collectors	20,000
Miscellaneous	10,000
Total	55,000



## Appendix IV: ETHIC REVIEW



7<sup>th</sup> May 2024

Ms Machari Susan,  
susan.macharia@strathmore.edu

Dear Ms Machari,

**RE: Importance of Telemedicine on Postpartum Depression in Access Afya, Kenya**

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU-masters** research proposal. Your application reference number is **SU-ISERC2166/24**. The approval period is from **7<sup>th</sup> May 2024 to 6<sup>th</sup> May 2025**.

This approval is subject to compliance with the following requirements:

- i. Only approved documents including (informed consents, study instruments, MTA) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SU-ISERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SU-ISERC within 72 hours of notification.
- iv. Any changes anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to SU-ISERC within 72 hours.
- v. Clearance for the export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to the expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days of completion of the study to SU-ISERC.

Before commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology, and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke/> and obtain other clearances needed.

Yours sincerely,


**Mr Ambrose Rachier,**  
**Chairperson; SU-ISERC**

# Appendix V: NACOSTI

Republic of Kenya  
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: **507650**      Date of Issue: **28/May/2024**


**RESEARCH LICENSE**



This is to Certify that Miss.. Susan Kabura Macharia of Strathmore University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: **Importance of Telemedicine on Post-Partum Depression for the period ending : 28/May/2025.**

License No: **NACOSTI/P/24/36118**


Applicant Identification Number: **507650**



Director General

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

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