Who is behind the toolkit?

The toolkit is an initiative powered by the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) with the financial support of MSD. Since 2017, EPF has produced the Contraception Atlas; An annual study tracking government policies on access to contraceptive methods, family planning counseling and the provision of online information on contraception in 46 European states.

About EPF

EPF is a network of members of parliaments from across Europe who are committed to protecting the sexual and reproductive health of the world’s most vulnerable people, both at home and overseas.

Upholding the human rights of women, men and young people has long been a hallmark of European states. The EPF network ensures that in Europe’s parliaments there are decision makers who fully understand the importance of gender equality and safeguarding SRHR. Equipped with this understanding, they can support these causes in the range of ways available to them as parliamentarians.
Contents

INTRODUCTION: Contraception Information -- A Government Responsibility ................................................................. 04
CHAPTER 1: General principles for effective websites ........................................................................................................ 05
CHAPTER 2: Writing for the web ......................................................................................................................................... 07
CHAPTER 3: Analysis .................................................................................................................................................. 08
CHAPTER 4: Contents of a best practice contraception website .................................................................................. 09
Front Page .................................................................................................................................................................. 10
Contraceptive Options...................................................................................................................................................... 11
Frequently Asked Questions ........................................................................................................................................... 13
ANNEX 1: Modern Contraception..................................................................................................................................... 15
ANNEX 2: Suggested FAQs ............................................................................................................................................ 18
Contraception Information
A Government Responsibility

Why should governments provide online information on contraception?

Access to contraception is a human right (ICPD 1994, SDGs). European governments have a responsibility to help their citizens make informed choices about their reproductive lives, thus empowering them to plan their families and their lives.

For the vast majority of Europeans, the internet is the primary source of information about contraception. And for young people in particular, the web is the first place they look for guidance.

It is therefore key that governments are present online to provide contraceptive information that is easy to find, authoritative, accurate, non-judgmental and easy to understand.

Official government websites with information about contraceptive types, where to get them, and reimbursement information are a small expense for governments, but can make a big difference to citizens seeking advice.

However, many governments are failing to meet the needs of their citizens. The 2018 Contraception Atlas (www.ContraceptionInfo.eu) found that only 11 of the 46 countries surveyed had very good or excellent government supported websites.

The purpose of this toolkit is to assist governments by providing them with best practice guidance on designing a contraception information website aimed at the general public. Governments are free to take text elements and design ideas from this toolkit in designing their own sites.

We encourage governments who are rethinking their online presence or building a contraception website for the first time to contact EPF for advice.
General Principles
For Effective Websites

From how it looks to how it performs, there are several general principles to consider when planning an effective contraception information website.

Site Structure

The structure of the site should be intuitive with only as many menu items as is absolutely necessary. A good contraception site should contain two main sections: Types of Modern Contraception and Frequently Asked Questions (FAQs).

Including a search function on the website helps with navigation. It also allows you as the site owner to see what are the most searched for terms. You can use this information to expand and improve the information provided on the most searched for topics.

Page Design

People tend to scan webpages rather than thoroughly reading all the content. Eyetracking research shows that the manner in which a person’s eyes move across a page depends on the type of content before them.

For pages with a small amount to text -- such as homepages, landing pages and registration pages -- people tend to scan in a Z-pattern: starting with the top left, moving across to the top right, then diagonally to the bottom left and across to the bottom right.

On text heavy pages -- such as articles -- people typically scan in an F-pattern: starting with the top left and then scanning down the page searching for interesting or useful information.

It is important to be aware of this user behaviour in designing webpages with a clear visual hierarchy prioritising key information.

Branding

Prominent branding clearly identifying the site as a government website gives authority to the information. There are many sources of unreliable online information on contraception, some of which deliberately aims to mislead, so it is crucial that you distinguish your website. Make sure to prominently display the government/health department logo throughout the site.

There are many sources of unreliable online information on contraception. It is crucial that you clearly distinguish your website as trustworthy and authoritative.
Photos & Diagrams

Include photos and diagrams. People remember 80 percent of what they see and only 20 percent of what they read. There are many free photo archives online, but strive to use original content. Don’t cram too many photos together so as to give the text some space to breathe. Use web optimised images with a small file size; high resolution images can significantly slow down page load time.

Accessibility

According to the United Nations Convention on the Rights of Persons with Disabilities, people with disabilities must have access, on an equal basis with others, to all forms of sexual and reproductive health care (Article 25) as part of the general right to marry, found a family and retain their fertility (Article 23).

Governments have a responsibility to provide all their citizens with online information to help plan their families, this includes people with disabilities, people with literacy problems and non-native speakers (including asylum seekers, refugees and migrants).

Language should be easy to read -- use simple words, short sentences and paragraphs. Text like this works best for read-aloud software and online translation tools.

Accessible design is good design. By designing a site with vulnerable groups in mind you are also improving the user experience for the general population. For more information on best practice for web accessibility, consult the site of The World Wide Web Consortium (www.w3.org/WAI/).

Mobile First

Globally, 51.2% of internet traffic is from smartphones -- this is even higher in Europe and higher still amongst the under 40 age group (the target audience for a contraception website). Therefore, designing a responsive website -- one that adapts to the device it is being viewed on -- is crucial for a good user experience.

This is also crucial in helping people find the site. Responsive websites, like www.seksualiteit.be/anticonceptie, rank much higher in search engine results than non-optimised sites.

Pay attention to how a webpage looks 'above the fold' -- the part of the website the appears on screen without having to scroll. If this section is not well structured and engaging visitors are likely to quickly leave. What is ‘above the fold’ will look different depending on which device it is being viewed.

Search Engine Optimisation (SEO)

Applying SEO practices improves how a website ranks in search engines. There is little point in having great content if nobody knows about it. Remember: content is King, but distribution is Queen.

Launch

A press conference or photo stunt are good ways to bring your new site to public attention. Targeted online advertising is also recommend in the months following launch. Remember to consult with domestic family planning NGOs in your planning.
When generating written content for the site, bear in mind that web writing is different from writing for print. Many users scan web pages instead of reading every word so it is important to keep the content brief and structured.

Audience

Remember that your target group is the general public, particularly those of reproductive age. Avoid jargon and make the content accessible to as wide a group as possible (see above information on accessibility). Try to think like your readers and imagine how they will interact with the site.

Part of establishing the website as an authoritative source of contraception information is to be credible. Always check your work for mistakes and do not over rely on spell check. Ensure that the content is objective and well written, using the active voice.

Structuring Text

Get to the point early and present the key information in the first couple of paragraphs. A good general rule is to keep webpages to half the length of a paper equivalent.

Break up text using subheadings and short paragraphs. Ideally paragraphs should be no more than three sentences. Using strong key words in titles and subtitles will improve SEO, allowing people to find your site more easily through search engines.

Avoid using too many colours and stick to the brand guideline for the website. Overusing capitals, underlinings, or italics can be distracting.

Links

Users visiting a contraception website will often have arrived there after searching for a specific query through a search engine. They therefore arrive on that particular page rather than entering through the homepage. Always link to other relevant articles and ensure these links are working. Be creative in including links. Instead of writing “Read more here”, try for example: “Have more questions about the contraceptive pill? Here’s what to do if you forget to take your pill.”
Analysis

In order to know whether your site is fulfilling its mission of providing useful information to the public, it is critical to regularly analyse how the site is being used. This will guide how you change the site over time.

What captures the attention? Is there a section of the site that attracts more users? Is your marketing strategy proving effective?

There are several powerful web analytics tools that will help you answer these questions.

However, they can provide an overwhelming amount of information. It is helpful to confine your focus to some key metrics that paint a clear picture of user behaviour.

As opposed to commercial websites, the goal of a contraception information website is to inform. This influences the metrics you choose to track.

**Benchmarking** a website against others can be tricky. Each website is unique and most metrics are only available to site owners.

It may be possible to request the metrics from another government-run health information website in your country. For example, a website providing information on cervical cancer.

What you certainly can do is establish your own benchmarks and chart progress over time.

**Key Metrics**

**Traffic**

The number of visitors to your site. It is useful in knowing reach and how a new site is bedding in. However, traffic is a blunt metric as it tells you nothing about the type of visitor.

**Traffic Sources**

Where visitors arrive on your site from. This might be from social media, search engines, advertisements, etc. Knowing this tells you how your marketing strategy is performing.

**New vs. Returning**

A high rate of returning visitors indicates the information on your site is relevant and useful. This metric is vital in knowing whether your site is fulfilling its mission.

**Bounce Rate**

The percentage of users who go no further than the page they land on. A high bounce rate can mean visitors are not finding the information they seek, or that the site is badly structured.

**Time on Site**

How long a visitor spends on the site. The more time they spend, the more engaging they find the content.

**Load Time**

Research from Google shows that 53% of mobile site visitors leave a page that takes longer than three seconds to load.
Contents of a best practice website

A simple and effective contraception website only needs to contain two main sections: Contraceptive Options and Frequently Asked Questions.

While this is the essential information recommended, you may wish to include additional elements. For example, a section describing a typical initial consultation with a family planning doctor.

The following chapter features basic wireframes of the core elements of a contraceptive information website to help you visualise how your site could look. This basic design should be seen as a starting point which can be adapted and refined.

Wireframes like these are a good way of communicating your requirements to a web developer.
Front Page

The site’s front page is a crucial component. The look and feel conveyed by this page in the first five seconds often determines whether someone stays or goes elsewhere. Users will be asking themselves two questions: Can I find relevant information? Is this site trustworthy? A good front page answers these questions immediately.

Keep your front page relevant. Is there a particular contraception myth spreading in your country, perhaps on social media? Debunk it in a prominent place on your front page.

Example Page

Desktop

Mobile

Dos & Don’ts

DO
- Maintain a self-contained or stand-alone-website
- Keep the homepage simple and clear
- Establish a clear visual hierarchy to prioritise key information and links
- Use a ‘Z shaped’ layout pattern
- Have an engaging and relevant header image
- Prominently link to information on emergency contraception
- Ensure that the front page conveys trustworthiness, clearly display your logo

DON’T
- Make the front page text heavy
- Include too many sections
- Forget to update your homepage
**Contraceptive Options Section Portal**

A major section of your website should contain comprehensive information on the full range of modern contraceptive methods available. A link to this section should appear prominently in site menu and on the homepage.

One way to display the various contraceptive options is with a grid. Other creative ways of presenting the information include an interactive comparative table or an interactive questionnaire.

**Dos & Don’ts**

**DO**
- Feature all forms of modern contraception
- Choose a page layout that is clear, structured and intuitive
- Make the page relevant to your domestic audience
- Include diagrams/photos

**DON’T**
- Neglect to consult with young people and experts about how the information is presented
Contraceptive Method sub-page

In providing accurate information on modern contraceptive methods, a good basis to work off is the World Health Organisation (WHO) information on contraception (See Annex 1). Adding your own diagrams/photos will help in communicating the information effectively.

Make the information relevant to your domestic audience by specifying: where the contraception can be obtained, price range, available reimbursement, whether a medical professional needs to be consulted beforehand (e.g. the pill) or needs to administer the contraception (e.g. implant).

Including some of the most popular FAQs pertaining to the particular method of contraception is also a good idea.

Example Page

**Desktop**

**Mobile**

**Dos & Don’ts**

**DO**
- Use reliable and verified information (WHO)
- Summarise the key features of the contraception in bullet points
- Structure the text with sub-headings and paragraphs
- Use clear, everyday language
- Consider including relevant FAQs in the bottom part of the page (as well as having them in the main FAQ section)

**DON’T**
- Have an unstructured sprawling page of text
- Include too much technical information
FAQ Section Portal

A detailed FAQ section is a crucial element of an authoritative contraception website. Many people visit a contraception website with a specific question and your FAQ section provides the answers.

A good FAQ section will establish you as an authority -- it shows that you know so much about contraception that you can answer questions before they are even asked.

FAQ entries rank highly in search engines. A detailed page will improve your SEO and ensure that when someone searches for specific questions on contraception, they will find your website.

Dos & Don’ts

DO

- Structure the section and divide by topic
- Create individual sub-pages for each topic
- Link to the FAQ page in the site menu bar
- Monitor which subsections and particular questions get most clicks

DON’T

- Have an unstructured sprawling page of text
- Include too many sections
- Forget about your FAQ page. It should be regularly monitored and updated

Example Page

Desktop

FREQUENTLY ASKED QUESTIONS

- Emergency Contraception
- The Pill
- Condom
- IUD
- Implant
- Where to buy?
- How much?
- Reimbursement

Mobile

FREQUENTLY ASKED QUESTIONS

- Emergency Contraception
- The Pill
- Condom
- Injectables
- IUD
- Implant
- Where to buy?
- How much?
- Reimbursement
**FAQ sub-page**

It is important to address the real concerns of people. It is advisable to work with family planning experts and young people in drafting answers. Text should quickly get to the point and be authoritative.

Often, people will consult contraception websites in emergency situations. Therefore it is important to answer questions such as: what to do if a condom rips/breaks? What is the ‘morning after pill’? What if I forget to take the contraceptive pill?

An FAQ page is also an excellent place to tackle myths about contraception. Don’t shy away from questions that may seem self-evident or ridiculous. People will visit the website with very different levels of knowledge.

**Example Page**

**Desktop**

---

**IMPLANT**

Frequently Asked Questions

- What are the advantages of the implant?
- How effective is the contraceptive implant?
- Where to get the implant?
- Who can use the implant?

---

**Mobile**

---

**Implant**

Frequently Asked Questions

- What are the advantages of the implant?
- How effective is the contraceptive implant?

---

**Dos & Don’ts**

**DO**
- Think carefully about which questions you need to answer
- Draft clear and concise answers in everyday language
- Monitor which questions get most clicks
- Consider using an ‘accordion’ layout to neatly arrange the information (see example sub-page)

**DON’T**
- Forget to analyse! How long users are staying in the section? Are you answering their questions or do they quickly leave to search elsewhere?
- Use more than three paragraphs for each answer
Annex 1
Modern Contraception

This information is provided by the World Health Organisation. Make it relevant to your country context by adding details such as: Price range, where to buy, subsidies available

**Combined oral contraceptives (COCs) or “the pill”**
Description: Contains two hormones (estrogen and progestogen)
How it works: Prevents the release of eggs from the ovaries (ovulation)
Effectiveness to prevent pregnancy: >99% with correct and consistent use. 92% as commonly used.
Comments: Reduces risk of endometrial and ovarian cancer.

**Progestogen-only pills (POPs) or “the minipill”**
Description: Contains only progestogen hormone, it does not contain estrogen
How it works: Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation
Effectiveness to prevent pregnancy: 99% with correct and consistent use. 90–97% as commonly used.
Comments: Can be used while breastfeeding; must be taken at the same time each day.

**Implants**
Description: Small, flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only
How it works: Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation
Effectiveness to prevent pregnancy: >99%
Comments: Health-care provider must insert and remove; can be used for 3–5 years depending on implant; irregular vaginal bleeding common but not harmful.

**Progestogen only injectables**
Description: Injected into the muscle or under the skin every 2 or 3 months, depending on product.
How it works: Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation
Effectiveness to prevent pregnancy: >99% with correct and consistent use. 97% as commonly used.
Comments: Delayed return to fertility (about 1–4 months on the average) after use; irregular vaginal bleeding common, but not harmful.

**Monthly injectables or combined injectable contraceptives (CIC)**
Description: Injected monthly into the muscle, contains estrogen and progestogen
How it works: Prevents the release of eggs from the ovaries (ovulation)
Effectiveness to prevent pregnancy: >99% with correct and consistent use. 97% as commonly used.
Comments: Irregular vaginal bleeding common, but not harmful.
**Combined contraceptive patch and combined contraceptive vaginal ring (CVR)**
Description: Continuously releases 2 hormones – a progestin and an estrogen - directly through the skin (patch) or from the ring.
How it works: Prevents the release of eggs from the ovaries (ovulation)
Effectiveness to prevent pregnancy: The patch and the CVR are new and research on effectiveness is limited. Effectiveness studies report that it may be more effective than the COCs, both as commonly and consistent or correct use.
Comments: The Patch and the CVR provide a comparable safety and pharmacokinetic profile to COCs with similar hormone formulations.

**Intrauterine device (IUD) levonorgestrel**
Description: A T-shaped plastic device inserted into the uterus that steadily releases small amounts of levonorgestrel each day
How it works: Suppresses the growth of the lining of uterus (endometrium)
Effectiveness to prevent pregnancy: >99%
Comments: Decreases amount of blood lost with menstruation over time; Reduces menstrual cramps and symptoms of endometriosis; amenorrhea (no menstrual bleeding) in a group of users

**Male condoms**
Description: Sheaths or coverings that fit over a man’s erect penis
How it works: Forms a barrier to prevent sperm and egg from meeting
Effectiveness to prevent pregnancy: 98% with correct and consistent use. 85% as commonly used
Comments: Also protects against sexually transmitted infections, including HIV.

**Female sterilization (tubal ligation)**
Description: Permanent contraception to block or cut the fallopian tubes
How it works: Eggs are blocked from meeting sperm.
Effectiveness to prevent pregnancy: >99%
Comments: Voluntary and informed choice is essential.

**Lactational amenorrhea method (LAM)**
Description: Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive or full breastfeeding day and night of an infant less than 6 months old
How it works: Prevents the release of eggs from the ovaries (ovulation)
Effectiveness to prevent pregnancy: 99% with correct and consistent use. 98% as commonly used
Comments: A temporary family planning method based on the natural effect of breastfeeding on fertility.

**Emergency contraception pills (ulipristal acetate 30 mg or levonorgestrel 1.5 mg)**
Description: Pills taken to prevent pregnancy up to 5 days after unprotected sex.
How it works: Delays ovulation.
Effectiveness to prevent pregnancy: If 100 women used progestin-only emergency contraception, one would likely become pregnant.
Comments: Does not disrupt an already existing pregnancy.
Standard Days Method or SDM
Description: Women track their fertile periods (usually days 8 to 19 of each 26 to 32 day cycle) using cyclebeads or other aids
How it works: Prevents pregnancy by avoiding unprotected vaginal sex during most fertile days.
Effectiveness to prevent pregnancy: 95% with consistent and correct use. 88% with common use (Arevalo et al 2002)
Comments: Can be used to identify fertile days by both women who want to become pregnant and women who want to avoid pregnancy. Correct, consistent use requires partner cooperation.

Basal Body Temperature (BBT) Method
Description: Woman takes her body temperature at the same time each morning before getting out of bed observing for an increase of 0.2 to 0.5 degrees C.
How it works: Prevents pregnancy by avoiding unprotected vaginal sex during fertile days.
Effectiveness to prevent pregnancy: 99% effective with correct and consistent use. 75% with typical use of FABM (Trussell, 2009)
Comments: If the BBT has risen and has stayed higher for 3 full days, ovulation has occurred and the fertile period has passed. Sex can resume on the 4th day until her next monthly bleeding.

TwoDay Method
Description: Women track their fertile periods by observing presence of cervical mucus (if any type color or consistency)
How it works: Prevents pregnancy by avoiding unprotected vaginal sex during most fertile days.
Effectiveness to prevent pregnancy: 96% with correct and consistent use. 86% with typical or common use. (Arevalo, 2004).
Comments: Difficult to use if a woman has a vaginal infection or another condition that changes cervical mucus. Unprotected coitus may be resumed after 2 consecutive dry days (or without secretions).

Sympto-thermal Method
Description: Women track their fertile periods by observing changes in the cervical mucus (clear texture), body temperature (slight increase) and consistency of the cervix (softening)
How it works: Prevents pregnancy by avoiding unprotected vaginal sex during most fertile days.
Effectiveness to prevent pregnancy: 98% with correct and consistent use. Reported 98% with typical use (Manhart et al, 2013)
Comments: May have to be used with caution after an abortion, around menarche or menopause, and in conditions which may increase body temperature.
Annex 2
Suggested FAQs

At a minimum, a good contraception information website should answer the following questions

**The Pill**
- I forgot to take my pill, what should I do?
- What are the side effects of the pill?
- What can I do in case of unpleasant side effects of the pill?
- Where to get the pill?
- How much does the pill cost?
- Does the pill make you fat?
- Does taking the pill increase the risk of breast cancer?
- Can I safely take the pill if I smoke?
- Can the pill have effects on acne?
- Do I need a cholesterol test before the pill can be prescribed?
- What medication is contained in the pill?
- Can I get pregnant during the week when we stop the pill?

**Condom**
- How to properly use a condom?
- How effective is a condom?
- What are the advantages of condoms?
- Does a condom protect against STIs?
- Can I buy condoms as a minor?

**Implant**
- How effective is a contraceptive implant?
- What are the advantages of the implant?
- Who can use the implant?
- Who can not the implant?
- Where to get the implant?
- For how long is the implant effective?
- How is the implant removed?
- Does the implant protect against STIs?
- How much does the implant cost?
- Can I get the implant as a minor?

**IUD**
- How effective is an IUD?
- What are the advantages an IUD?
- Who can use the an IUD?
- Who can not use an IUD?
- What is the difference between a copper IUD versus a hormonal IUD?
- Where can I buy an IUD?
- How is an IUD removed?
- Does an IUD protect against STIs?
- How much does an IUD cost?
- Can I get an IUD as a minor?

**Emergency Contraception**
- I had an unprotected sex and I do not want to get pregnant. What can I do?
- I forgot my pill, what should I do?
- I forgot to put my patch on, what should I do?
- What should I do if the condom rips or breaks?
- Where can I buy emergency contraception?
- Am I entitled to reimbursement for contraception?
- Can I get emergency contraception for free?
- As a minor, will my doctor or pharmacist notify my parents of my request for emergency contraception?