considered important by fewer respondents included not having to risk meeting one’s parents at the service site (49%), not being required to have a pelvic examination at the first visit (47%), having youth-appropriate educational material on display (44–54%) and having anonymity in the service environment (43–47%).

Quality of Care
The nine quality-of-care items tested were all evaluated highly (86–100%) by the study participants (Table 2). The desire for counselors to listen actively to patients was virtually universal, as was the desire to have staff that demonstrated a friendly attitude, communicated a sense of respect for young people, made patients feel good during the visit and demonstrated understanding.

Participants were asked to prioritize the three most important items that might characterize ideal availability and quality of care (not shown). The highest priority was given to absolute confidentiality for patients, followed by the friendly attitude of a staff and an understanding attitude of the counselor.

Residential Differences
A comparison of the mean importance scores reveals that adolescents who live outside Reykjavík had a stronger wish than those in Reykjavík to have sexual and reproductive health services located near where they live, to have equal access to services (regardless of gender, sexual orientation or sexual activity), to have suitable posters, to have a counselor who lis-