for women aged 15–19 across surveys.23–26 If age overstatement is most prevalent among younger adolescent respondents, this could explain why we find particularly marked differences in estimates between surveys. In Sub-Saharan Africa, age overstatement may be compounded by a lack of completeness in the record of dates for marriages and first births and the postinterview application of imputation.27

An unexpected finding was the much greater consistency of sexual debut data than of marriage and first birth data (although this study cannot confirm that sexual debut data are more accurate). One possible reason for this consistency is that if women are unmarried and have not had a birth, there is no need to place sexual debut within a sequence of events. Inconsistency could stem from the need for respondents to present these events within a socially acceptable sequence. Another possibility is that adolescents may be more likely than others to overstate their ages if they are married or have had a child.

The differences in apparent reporting accuracy are somewhat difficult to explain conclusively, but are likely to reflect the underlying social and cultural differences among the countries included. There are marked variations across the countries in this study for a range of factors, such as legal age of marriage, female education and birth registration, all of which could influence accuracy of reporting as well as affect the extent to which young women feel obliged to overstate their age. It is also important to note that another study has identified age understatement in young women in Bangladesh (possibly related to dowry payments),28 which again highlights how cultural issues may influence data. An initial analysis did not find any clear pattern of association between these three factors and the degree of discrepancies in reporting between the cohorts, so it is likely that the differences between countries are the result of a combination of factors, including the degree to which early sexual activity, marriage and childbearing are proscribed by prevailing societal norms.

We offer a number of recommendations to analysts using these data. Many of the adverse effects of adolescent marriage and motherhood are likely to be concentrated among those who are younger, so it is important to disaggregate data by age to show trends and patterns for younger adolescents. Where it is feasible to check trends, doing so would help identify inconsistencies. In some of the countries we investigated, for example, Uganda, Senegal and Mali, we found that responses from the 20–24 age cohort appeared to be more consistent than those from other cohorts. However, this link may not exist in other countries and survey years. We advise against the widespread practice of reporting declines in very early adolescent pregnancy and marriage on the basis of comparisons of five-year age-group data collected in the same survey.

It is possible that these inconsistencies might be reduced by changes in data collection rather than changes in analysis. Age overstatement by the youngest DHS respondents may be the result of social desirability bias. If this is the case, a number of measures can be considered as means of improving the reporting of adolescent sexual health data for the DHS, which is currently carried out as a face-to-face interview. Beguy et al. emphasize the importance of ensuring privacy during the interview.15 Interviewers could benefit from additional training and support to create spaces in settings that are crowded or that lack privacy. Some studies have found that reducing the potential

![FIGURE 2. Proportion of women reporting first birth before age 16, by age-group in the first DHS, six Sub-Saharan African countries](image-url)