influence of interviewers on respondent reports through, for example, use of self-completed questionnaires may improve data quality. Hewett et al. found that adolescents are more likely to report sensitive sexual behavior with audio computer-assisted self-interviewing (ACASI) than in face-to-face interviews in some contexts. However, in other contexts, benefits from ACASI are not obvious or computer-based approaches have not been well accepted by participants. Last, interviewers could be guided to perform more consistency checks during the interview, checking, for example, a respondent’s self-reported age with the age recorded in the household roster.

There is a need for more country-specific research to validate the accuracy of reporting of early reproductive events from large surveys. A number of studies have compared self-reported data collected using different methods, but a more accurate method would be to compare survey data with some form of vital registration, prospective records of events or links with clinic records. Such a method might be suitable in a number of contexts in which data are gathered continuously, either by reliable vital registration or demographic sentinel surveillance systems.

**Conclusion**

This study finds significant inconsistencies between surveys in the reporting of early adolescent first births and marriage, with reports from women aged 15–19 being significantly lower than reports from women aged 20–24 in surveys five years later. The trend is particularly marked in a number of Sub-Saharan African countries. These inconsistencies have potentially important implications for the accuracy of early adolescent sexual event data, as well as for median estimates of age at marriage and first birth.

We strongly recommend that caution should be exercised when inferring changes in early adolescent sexual and reproductive health on the basis of estimates from the DHS. Attention should focus on the development of data collection instruments to reduce misreporting, as well as correction methods for estimates from self-reported data of women sampled in repeated household surveys.

**REFERENCES**

19. Curtis S, An assessment of the quality of data used for direct estimation of infant and child mortality in DHS II surveys,