

Prevalence and Risk Factors of Child Sexual Abuse in Early Childhood Across Africa: A Protocol for a Systematic Review and Meta-Analysis

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Study protocol

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Abstract

Background: Child sexual abuse (CSA) in early childhood represents a significant public health issue and a critical concern regarding children's rights, with profound lifelong consequences. Despite the growing recognition of CSA as a severe form of child maltreatment, its prevalence and impact in Africa remain poorly understood, primarily due to underreporting and fragmented evidence. Existing studies have predominantly focused on broader populations of children and adolescents, thereby limiting our understanding of the prevalence and risk factors associated with CSA in early childhood. To address this knowledge gap, this systematic review and meta-analysis will examine the prevalence and risk factors of CSA among children aged 8 years and younger across Africa.

Methods: The protocol adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols guidelines. We will conduct a systematic search of seven scientific databases (PubMed, Scopus, Web of Science, Cochrane Library, African Journals Online, African Index Medicus, and Google Scholar) for studies published between January 1, 2016, and January 1, 2026. In addition, we will search for grey literature, including reports from UNICEF, the WHO Violence Against Children Surveys, and relevant government and institutional sources. Eligible studies will comprise observational studies (including cross-sectional studies cohort, and case control studies), randomized controlled trials (baseline data only), and mixed-methods studies that provide extractable quantitative data on the prevalence or risk factors of CSA among children aged 8 years and younger. Two independent reviewers will conduct screening, data extraction, and risk of bias assessment using tools from the Joanna Briggs Institute (JBI) critical appraisal tools, while the ROBINS-I framework will be applied to any non-randomized interventional designs where appropriate.

A random-effects meta-analysis utilizing Freeman-Tukey double arcsine transformation will be performed for prevalence data. Heterogeneity will be assessed using I^2 and χ^2 statistics, and subgroup analyses and meta-regression will be conducted as feasible. Publication bias will be assessed through funnel plots and Egger's test. In instances where meta-analysis is not possible, a structured narrative synthesis will be performed.

Discussion: This review will address a critical gap in early childhood research across Africa to highlight a frequently overlooked public health concern. Addressing this evidence gap is critical to strengthening early prevention and detection efforts, informing policy and resource allocation, and supporting the development of contextually appropriate child protection systems across the continent.

Registration: PROSPERO (CRD420251085203)

1 Introduction

Child sexual abuse (CSA) is widely recognized as a severe public health problem [1] and a fundamental violation of children's rights [2–4]. The World Health Organization (WHO) defines CSA as any involvement of a child under the age of 18 years in sexual activity that the child does not fully understand

or to which they cannot give informed consent because of developmental, cognitive, or emotional immaturity, or that occurs through coercion, manipulation, or abuse of power, authority, or control [5]. CSA includes sexual exploitation by adults as well as abuse perpetrated by older children in positions of dominance. CSA remains one of the most damaging forms of child maltreatment [6–8]. It has been found to be associated with devastating short- and long-term physical, mental, and behavioral health consequences [7, 9], including sexually transmitted infections, unintended pregnancies, physical injuries, depression, post-traumatic stress disorder, substance use, risky sexual behaviors, and increased risk of suicidal ideation and attempts [10].

The United Nations Children's Fund (UNICEF) has reported that more than 370 million girls worldwide, approximately one in eight, have experienced sexual abuse before the age of 18 [11]. A meta-analysis by Stoltenborgh et al. [12] estimated the global prevalence of CSA to be approximately 6–7% among girls and 3–8% among boys. WHO [13] has recently stated that Africa bears a particularly high burden of CSA. Sub-Saharan Africa reports some of the highest documented prevalence rates globally, with approximately 79 million girls and women affected, representing around 22% of the population [13]. Studies from East and Southern Africa specifically have reported prevalence levels exceeding 25% among young children [6, 14]. These numbers are followed by Eastern and South-Eastern Asia, where approximately 75 million individuals (18%) are affected. In comparison, prevalence estimates exceed 14% in Europe and Northern America, affecting about 73 million people, while Western Asia has an approximate prevalence of 15%, impacting around 29 million individuals. A substantial proportion of reported sexual abuse cases involve particularly young children in pre-puberty period [6, 13, 15]. Emerging evidence further suggests that boys in African settings may experience CSA at rates higher than those reported in many other regions [16].

The prevalence of CSA in Africa remains still unclear [17–19]. Stigma, fear of retaliation, shame, limited awareness among caregivers, and restricted access to child-friendly reporting and justice mechanisms all contribute to significant underreporting of CSA [20, 21]. Several systematic reviews have examined aspects of CSA in Africa. However, these reviews have focused on a single country, such as Ethiopia [22, 23], Nigeria [24] or Botswana [25], leaving the overall situation in Africa unclear. A broader four-country synthesis has examined physical and sexual violence more generally in Botswana, Ethiopia, Kenya, and Nigeria, but its scope was not specific to CSA or early childhood [25]. A significant portion of available information related to CSA is often found in grey literature (e.g., governmental reports, surveys, and publications from non-governmental organizations), which is typically excluded from traditional systematic reviews. This exclusion limits the comprehensiveness and generalizability of existing evidence syntheses [26]. Still to date, no systematic review has specifically synthesized evidence on the prevalence and risk factors of CSA among children under 8 years of age across Africa. This lack of comprehensive review contributes to persistent gaps in understanding and likely underestimates the burden of CSA in early childhood throughout the continent.

To fill the gap, this systematic review and meta-analysis aim to synthesize available evidence on the prevalence and risk factors of CSA in early childhood across African countries. Evidence from previous

studies [27, 28] suggests that understanding the prevalence and risk factors of CSA can inform the development, implementation, monitoring, and evaluation of policies, programmes, and services aimed at preventing, managing, and mitigating its consequences. Addressing this evidence gap is critical to strengthening early prevention and detection efforts, informing policy and resource allocation, and supporting the development of contextually appropriate child protection systems across the continent.

2 Methods

2.1 Design and protocol registration

This protocol aligns with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and the PRISMA-P guidelines [29]. The protocol has been registered with the International Prospective Register of Systematic Reviews (PROSPERO CRD420251085203).

2.2 Eligibility criteria

The eligibility criteria were guided by the Population Exposure Comparator Outcomes (PECO) framework [30]. This systematic review will include peer-reviewed and grey literature published between January 1, 2016 and January 1, 2026, reporting on the prevalence and risk factors of CSA among children aged 8 years and below across African countries. Studies must report empirical data and be published in English, French, or Arabic, to ensure comprehensive inclusion of evidence from regions where these languages are commonly used in academic and grey literature. This review addresses prevalence and risk-factor associations rather than intervention effects. Therefore, the planned meta-analysis will pool proportions, and effect estimates from observational designs using random-effects models as randomization of participants is not a methodological requirement for this type of evidence synthesis [31].

Population

This review will consider studies reporting on children aged 8 years and younger from any African country as classified by the African Union [32], irrespective of sex, socio-economic status, ethnicity, or study setting. This age range was chosen because early childhood represents a developmentally distinct period of heightened vulnerability, dependency on caregivers, and limited capacity for disclosure, as detailed in the Background [33]. Studies including broader age ranges will be eligible only where data for children aged 8 years and younger can be extracted separately.

Exposure

The exposure of interest is CSA, including both contact and non-contact forms. CSA may be assessed using validated measures, structured interviews, administrative records, or reports from children, parents, caregivers, teachers, or official agencies. Studies focusing on other forms of maltreatment broadly, including physical abuse, emotional abuse, or neglect will be excluded unless CSA-specific data are reported separately from other maltreatment types.

Context

The review will include studies conducted in any setting (community-based, school-based, hospital/clinical, or population-based) across African countries. Where multinational studies are identified, only data specific collected in African countries will be included.

Outcomes

Primary outcome

The primary outcome is the prevalence of CSA among children in early childhood (ECD), based on a definition of WHO, i.e. a period from birth to 8 years of age [17]. This age plays a critical role in shaping both the risk and impact of CSA where children are highly dependent on caregivers, often lack the cognitive and verbal capacity to recognize or disclose abuse, and are more likely to experience abuse within trusted relationships [18]. Exposure to sexual abuse during this sensitive period may lead to distinct and more severe long-term neurodevelopmental, psychological, and social sequelae [34, 35]. Moreover, individuals who experience CSA are at elevated risk of revictimization later in life, further compounding its cumulative impact across the life course [36, 37].

In this study, the primary outcome will be operationalized as the proportion of children in a defined population who report, or are recorded as having experienced, at least one act of contact or non-contact sexual abuse, as measured using validated instruments (e.g., ICAST-C, ICAST-P and the Juvenile Victimization Questionnaire) Structured interviews, administrative or clinical records, or informant report (parent, caregiver, or teacher), and expressed as a percentage with 95% confidence intervals.

Secondary outcomes

The secondary outcomes include risk factors associated with CSA, linked with child, caregiver, household, community, and structural levels within an ecological systems framework [38, 39]. Additional outcomes include reported impacts of CSA, as well as evidence on prevention strategies, detection approaches, clinical management, and child protection policies, will be synthesized narratively where quantitative pooling is not feasible.

Types of studies

Regarding the study types, this review will include observational studies, including cross-sectional, case-control, cohort studies, and randomized controlled trials (only baseline data). Mixed-methods studies will be included if quantitative data on CSA prevalence or risk factors are available. Grey literature such as government reports, NGO reports, WHO/UN agency reports, dissertations, and surveillance or bulletin data will also be included.

Case reports, case series, editorials, letters, commentaries, conference abstracts without full data, or narrative/systematic reviews will be excluded. Qualitative-only studies and laboratory-based studies not

reporting CSA prevalence or risk factors will also be excluded.

2.3 Information sources and search strategy

A literature search will be conducted in PubMed, Scopus, Web of Science, Cochrane Library, African Journals Online (AJOL), and African Index Medicus to identify relevant studies published between January 1, 2016 and January 1, 2026. Grey literature will be identified through targeted searches of relevant sources, including Google Scholar, reports from the United Nations Children's Fund (UNICEF), the World Health Organization Violence Against Children Surveys (WHO VACS), and national government reports.

The search strategy will incorporate controlled vocabulary terms (e.g., Medical Subject Headings [MeSH]) and free-text keywords, including variations and synonyms related to CSA and Africa, combined using Boolean operators and truncation as appropriate for each database. Search terms will be translated and adapted into French and Arabic where appropriate to enhance retrieval of relevant non-English literature. The search strategy was developed in consultation with an experienced clinical librarian at the Aga Khan University of Kenya. A pilot search was conducted on 16 April 2026. As an example, the full search strategy in PubMed is presented in Table 1.

Table 1
Search strategy in PubMed

Number	Search Terms
#1	(child*[Title/Abstract] OR infant*[Title/Abstract] OR toddler*[Title/Abstract] OR preschool*[Title/Abstract] OR "early childhood"[Title/Abstract] OR "Child"[MeSH] OR "Infant"[MeSH] OR "Child, Preschool"[MeSH])
#2	("Child Abuse, Sexual"[MeSH] OR "child sexual abuse"[Title/Abstract] OR "sexual abuse of child*" [Title/Abstract] OR "sexual abuse of children"[Title/Abstract] OR "childhood sexual abuse"[Title/Abstract] OR "child sexual exploitation"[Title/Abstract] OR "child sexual violence"[Title/Abstract] OR "child rape"[Title/Abstract] OR "sexual victimization" [Title/Abstract] OR CSA[Title/Abstract])
#3	(Africa[Title/Abstract] OR "Africa"[MeSH] OR "Sub-Saharan Africa"[Title/Abstract] OR "Sub-Saharan Africa"[Title/Abstract] OR Algeria[Title/Abstract] OR Angola[Title/Abstract] OR Benin[Title/Abstract] OR Botswana[Title/Abstract] OR Burkina Faso[Title/Abstract] OR Burundi[Title/Abstract] OR Cameroon[Title/Abstract] OR "Cape Verde"[Title/Abstract] OR Chad[Title/Abstract] OR Comoros[Title/Abstract] OR Congo[Title/Abstract] OR "Democratic Republic of the Congo"[Title/Abstract] OR Djibouti[Title/Abstract] OR Egypt[Title/Abstract] OR Eritrea[Title/Abstract] OR Eswatini[Title/Abstract] OR Ethiopia[Title/Abstract] OR Gabon[Title/Abstract] OR Gambia[Title/Abstract] OR Ghana[Title/Abstract] OR Guinea[Title/Abstract] OR "Guinea-Bissau"[Title/Abstract] OR Kenya[Title/Abstract] OR Lesotho[Title/Abstract] OR Liberia[Title/Abstract] OR Libya[Title/Abstract] OR Madagascar[Title/Abstract] OR Malawi[Title/Abstract] OR Mali[Title/Abstract] OR Mauritania[Title/Abstract] OR Mauritius[Title/Abstract] OR Morocco[Title/Abstract] OR Mozambique[Title/Abstract] OR Namibia[Title/Abstract] OR Niger[Title/Abstract] OR Nigeria[Title/Abstract] OR Rwanda[Title/Abstract] OR "Sao Tome and Principe"[Title/Abstract] OR Senegal[Title/Abstract] OR Seychelles[Title/Abstract] OR Sierra Leone[Title/Abstract] OR Somalia[Title/Abstract] OR "South Africa"[Title/Abstract] OR Sudan[Title/Abstract] OR Tanzania[Title/Abstract] OR Togo[Title/Abstract] OR Tunisia[Title/Abstract] OR Uganda[Title/Abstract] OR Zambia[Title/Abstract] OR Zimbabwe[Title/Abstract])

Two reviewers (HA and XT) will independently screen an initial random sample of 50 records each to refine search terms and ensure alignment with eligibility criteria. Reference lists of included studies will also be screened to identify additional eligible publications. All searches will be updated prior to final analysis to ensure currency of evidence.

2.4 Screening for articles

Articles will be retrieved from online databases by a single reviewer (HA). The records will be uploaded to Covidence (<https://www.covidence.org/>) and duplicated records will be removed. Two reviewers (HA and XT) will independently screen titles and abstracts against the predefined inclusion and exclusion criteria, followed by full-text review of potentially eligible studies. Any discrepancies between reviewers will be resolved through discussion with a third reviewer MS to achieve consensus. Full-texts of the eligible studies will be evaluated against inclusion and exclusion criteria; those full-texts which do not meet inclusion criteria will be excluded, with reasons documented in Covidence.

2.5 Data extraction

A data extraction form will be developed by the first author and refined in consultation with the research team (Table 2). To ensure the usability and comprehensiveness of the form, a pilot test will be conducted using five randomly selected included studies, with revisions made as necessary prior to full data extraction. The finalized form will be implemented within Covidence, where data extraction will be performed independently and duplicated by two reviewers.

Extracted data will include publication details (authors, year, publication type), study characteristics (African subregion, setting, design, sampling strategy), and participant information (population, age, sample size, response rate).

Risk factors will be extracted and categorized using an ecological systems perspective [38, 39]: individual factors (e.g., child demographics, disability, prior victimization, behavioral/emotional factors), family-related factors (e.g., caregiver characteristics, parenting practices, household composition, domestic violence, socioeconomic status), community-related factors (e.g., neighborhood safety, school environment, social norms, community violence), and societal/structural level factors (e.g., gender norms, legal frameworks, conflict, poverty, child protection systems).

Outcomes will include the number of CSA cases, prevalence estimates with 95% CIs/SEs, timeframe, and measures of association (crude and adjusted OR/RR/HR with *P*-values where available), consistent with the definition above.

Table 2
Data to be extracted from studies

Domain	Data
Publication details	Authors, year of publication, title, publication type (peer-reviewed / grey literature)
Study Information	Country, African subregion, study setting (e.g., community / school / healthcare), study design, sampling strategy
Participant characteristics	Population type (e.g., general population, clinical, high-risk), age range/mean age (8 years and younger), sex distribution, sample size, response rate
Exposure / Risk factor characteristics	Risk factors will be extracted and categorised using an ecological systems perspective, as follows: • Individual level: child age, sex, disability, prior victimisation, behavioural/emotional factors; • Family level: caregiver characteristics, parenting practices, household composition, domestic violence, socioeconomic status; • Community level: neighbourhood safety, school environment, social norms, community violence; • Societal/structural level: gender norms, legal frameworks, conflict, poverty indicators, child protection systems.
Outcomes	Number of CSA cases, prevalence estimates (%), 95% CI/SE, timeframe of prevalence, effect estimates (OR/RR/HR), crude and adjusted estimates, <i>P</i> -values

Regular meetings will be held throughout the extraction phase to ensure consistency and address emerging issues. Any discrepancies between reviewers will be resolved through discussion and consensus; where consensus cannot be reached, a third reviewer (MS) will adjudicate. Where data are missing, incomplete, or unclear, corresponding authors of included studies will be contacted to provide additional information or clarification.

2.6 Quality Assessment

Two reviewers will independently assess methodological quality and risk of bias of all included studies using the Joanna Briggs Institute (JBI) critical appraisal tools [40]. Any disagreements will be resolved through discussion or consultation with a third reviewer (MS) [41]. Following a pilot exercise to ensure consistency, appropriate Joanna Briggs Institute (JBI) critical appraisal tools [41, 42] will be used according to study design. Specifically, prevalence and observational studies (e.g., cross-sectional and cohort studies) will be assessed using relevant JBI checklists for studies reporting prevalence data [42, 43], which evaluate key methodological domains including appropriateness of the sampling frame, adequacy of sample size, validity of outcome measurement, and suitability of the statistical analysis [42]. Longitudinal studies and cohort studies will be assessed using the JBI Critical Appraisal Checklist

for cohort studies, both administered within the Joanna Briggs Institute System for the Unified Management, Assessment and Review of the information (JBI SUMARI) [44, 45].

Where applicable, ROBINS-I [46] will be used to evaluate non-randomized studies across key domains including confounding, selection bias, exposure classification, missing data, outcome measurement, and selective reporting. Consistent with best practice in systematic review methodology and to ensure maximum transparency and data completeness, all studies meeting the eligibility criteria will be retained in the synthesis irrespective of their methodological quality rating [44]. Critical appraisal findings will be reported and used to inform interpretation of the review findings.

2.7 Statistical analysis

All analyses will be conducted using Stata MP 17 [47]. For studies reporting prevalence of CSA, raw proportions will be extracted and pooled using a random-effects meta-analysis to account for expected heterogeneity across settings and populations. Studies with zero-event prevalence will be excluded if incompatible with variance-stabilizing transformation methods [31], while other extreme values will be retained to maximize data inclusion [48, 49]. Prevalence estimates will be stabilized using the Freeman-Tukey double arcsine transformation prior to pooling. Pooled estimates will be presented with 95% confidence intervals and illustrated using forest plots.

Statistical heterogeneity will be assessed using the I^2 statistic and chi-squared (χ^2) test, with I^2 values of 25%, 50%, and 75% indicating low, moderate, and high heterogeneity, respectively [50]. Sources of heterogeneity will be explored through subgroup analyses based on gender, geographic region or country, setting (urban/rural), study design, sampling strategy, and assessment tools [51].

Meta-regression using a random-effects model and maximum likelihood estimation [51] will be conducted where sufficient studies are available to examine potential moderators. For risk factors reported as odds ratios (ORs), relative risks (RRs), or hazard ratios (HRs), separate random-effects meta-analyses will be performed where data are sufficiently comparable, with appropriate transformations applied [45].

Publication bias will be assessed using funnel plots when at least 10 studies are included and tested using Egger's regression test [52]. Where quantitative synthesis is not appropriate due to heterogeneity or insufficient comparable data, findings will be synthesized narratively [53]. Similarly, where studies do not consistently report associations between CSA and covariates, determinants will be summarized descriptively following the Munn's methodological framework for prevalence systematic reviews [44].

3 Discussion

The overall aim of this study is to examine the prevalence and risk factors of CSA among children aged 8 years and younger across Africa. CSA is recognized as one of the most severe forms of child maltreatment, with profound and long-lasting psychological, emotional, and physical consequences [54].

However, evidence focusing specifically on early childhood remains limited, despite this developmental period representing a particularly vulnerable stage for exposure to abuse and its long-term effects [17].

By synthesizing available evidence from multiple electronic databases using comprehensive search strategies and the inclusion of grey literature, this review aims to maximize coverage of both published and non-published data. This approach is expected to enhance the comprehensiveness of the evidence base, reduce publication bias, and improve the representation of under-studied populations and settings across African contexts. The findings will address a critical gap in global child protection research, where existing literature has predominantly focused on adolescents and young adults, with comparatively limited attention given to early childhood [6].

This systematic review and meta-analysis will be conducted in accordance with PRISMA-P guidelines, with reporting guided by the PRISMA statement [55]. The integration of grey literature, including reports from governmental and non-governmental organisations, is particularly important in the African context, where CSA may be underreported in peer-reviewed literature. The anticipated findings will therefore provide more contextually relevant evidence to inform prevention and intervention strategies.

The results are expected to contribute to policy and practice by aligning with global child protection frameworks such as the WHO INSPIRE strategy [56] to end violence against children. Specifically, the synthesis of prevalence estimates and associated risk factors will support the identification of high-risk populations and contextual drivers of CSA in early childhood, thereby informing targeted prevention efforts.

However, the strength of the evidence may be limited by the anticipated heterogeneity in study designs, measurement tools, and reporting quality across included studies. Potential scarcity of studies focusing specifically on children aged 8 years and younger may also limit the precision of pooled estimates and restrict the scope of subgroup analyses. Despite these limitations, this review will provide the most comprehensive synthesis to date on CSA in early childhood across Africa and will highlight critical gaps to guide future research priorities.

4 Conclusion

This systematic review and meta-analysis will examine the prevalence and risk factors of CSA among children under eight years across Africa. CSA remains a serious child rights and public health issue, yet evidence in early childhood and African settings is limited. This study will synthesise existing data to address key gaps and inform future research, policy, and prevention strategies in under-resourced contexts.

Abbreviations

Child Sexual Abuse
CSA

Early Childhood Development
ECD
Medical Subject Headings
MeSH
Population, Intervention, Comparison, Outcome, and Study Design
PICOS
Systematic Reviews and Meta-Analyses
PRISMA
Systematic Review and Meta-Analysis Protocols
PRISMA-P
World Health Organisation
WHO
United Nations International Children's Emergency Fund
UNICEF
Risk of Bias in Non-Randomized Studies-of Interventions
ROBINS-I

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

All authors consent and approve the manuscript for publication.

Competing interests

The authors declare that they have no competing interests.

Systematic review registration

The National Institute of Health Research's international prospective registration of systematic reviews (PROSPERO), accessible at <https://www.crd.york.ac.uk/prospero/>, has registered the protocol for this systematic review and meta-analysis.

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Registration number: CRD420251085203. This evaluation will encompass all empirical research, including observational designs such as longitudinal cohorts, cross-sectional studies, case studies,

cases series, and case-control studies, and qualitative designs such as interviews and focus groups. All modifications to the review methodology and advancements will be recorded in PROSPERO. Upon completion, the completed paper will be submitted to a peer-reviewed journal for publication.

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Author Contribution

HA and XMT contributed equally to this work and share first authorship. The study protocol was conceptualized and designed by HA, XMT, ANJ, SYT, MV and MS. HA and XMT wrote the first draft of the manuscript, which was subsequently reviewed and revised for important intellectual content by ANJ, NH, YZ, YH, SYT, and MS appropriately. The literature search strategy was developed by HA and independently reviewed by XMT, ANJ, NH, YZ, YH, SYT, MV and MS. All authors read and approved the final version of the manuscript prior to publication.

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Not applicable.

Availability of data and materials

Not applicable at the protocol stage, as no data have yet been collected or analyzed. This protocol is registered with PROSPERO (registration number CRD420251085203), where any amendments to the methods will be documented. Upon completion of the review, the full dataset generated, including search strategies for all databases, study screening and selection records, data extraction forms, and the data used for the meta-analysis, will be made openly available via the Open Science Framework (OSF), with the repository link provided in the final published review.

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