

---

## **Partner age difference and sociodemographic correlates of herpes simplex virus type 2 seropositivity: A community-based study in South India**

sexually transmitted infections worldwide and is the leading cause of genital herpes and genital ulcer disease.<sup>[1]</sup> Studies have found that the seroprevalence of HSV-2 is lowest in Asia.<sup>[2]</sup> Age-disparate relationships (partner age difference of at least 5 years) have been shown to increase the risk of HIV and HSV-2 infections in sub-Saharan Africa in rural Zimbabwe and Uganda, where the prevalence of HIV/HSV-2 has been shown to be higher among women in age-disparate relationships.<sup>[3-5]</sup> Although past studies have explored numerous predisposing factors for HSV-2 infection, there is a paucity of data that explores the age difference between partners as a risk factor for HSV-2 infection in India. This study examined the role of age-disparate relationships in HSV-2 infection in South India.

Sir,  
Herpes simplex virus 2 (HSV-2) is one of the most prevalent

The study was conducted in Mysore by the Public Health Research Institute of India (PHRII) in collaboration

with partners from Florida International University. A type-specific enzyme-linked immunosorbent assay (ELISA) test was used to detect HSV-2 (Focus Diagnostics HerpeSelect® 2 ELISA Immunoglobulin G [IgG], Focus Technologies, Cypress, CA, USA) antibodies according to manufacturer's instructions. The laboratory where the HSV-2 testing was being conducted was overseen by a National Accreditation Board for Testing and Calibration Laboratories-accredited laboratory in Mysore to ensure that all the standard laboratory procedures were followed. Out of 351 individuals enrolled, 176 were women (50.14%), aged at least 25 years (77.8%), educated ( $\geq 1$  year of schooling) (90.6%), married (96.3%), Hindu by religion (94.9%), and lived in urban areas (62.7%). Of the 351 individuals, 9.4% (95% confidence interval [CI]: 6.3%, 12.5%) had HSV-2 IgG antibodies. This study highlights an overlooked predictor of HSV-2 infection, i.e., age difference between partners.

The average age difference of the study participants with their sexual partner was 5.8 years (range: 0–25 years). The prevalence of HSV-2 infection was highest among individuals who had an age difference of 11–25 years (17.9%), followed by those with 6–10 years (13.9%) and 1–5 years (4.4%) with their sexual partner. The odds of HSV-2 infection increased among the study participants with an increase in the age difference with their sexual partner (odds ratio [OR]: 1.07, 95% CI: 1.02, 1.12). These odds remained significant after adjusting for sociodemographic variables, risky sexual behaviors, history of stress, and use of birth control (adjusted OR [aOR]: 1.22, 95% CI: 1.06, 1.40). The odds of HSV-2 infection was significantly lower among Hindus (9%) as compared to nonHindus (16.7%) (aOR: 0.19, 95% CI: 0.04, 0.84). Increasing age difference between sexual partners was associated with factors such as lower levels of condom use, increased frequency of sex, and long-lasting relationships.<sup>[6]</sup> These behavioral characteristics may be associated with higher rates of HIV transmission.<sup>[6]</sup> It is plausible that the same mechanism and factors can explain the increased odds of HSV-2 with increasing age difference between sexual partners. More research is needed to investigate the mechanisms seen in HIV transmission with respect to HSV-2 infection.

Despite several limitations (potential information bias and misclassification of HSV2 status, cross-sectional analysis, and nonprobability sampling), this study presents the first data (to our knowledge) which suggests that an increasing age difference between partners can predict HSV2 infection in South India, a phenomenon which is commonly observed with HIV. It is necessary to further explore the findings of this study in a larger population to ascertain the possible adverse effects of an increasing age difference

between partners associated with HSV-2 infection and the potential social and medical implications.

### Acknowledgment

The authors would like to thank the study participants, research assistants, and PHRII staff for their assistance in the study design and data collection process.

### Financial support and sponsorship

Abraham Degarege was supported by Florida International University Dissertation Year Fellowship. Makella Coudray and Purnima Madhivanan were supported by the National Institutes of Health grant (R15AI28714-01). Caitlyn Placek was supported by the Global Health Equity Scholars Training Grant from Fogarty International Center at the National Institutes of Health (R25 TW009338). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or Florida International University.

### Conflicts of interest

There are no conflicts of interest.

Makella S Coudray<sup>1</sup>, Abraham Degarege<sup>1</sup>,  
Anisa Khan<sup>2</sup>, Kavitha Ravi<sup>2</sup>, Vijaya Srinivas<sup>2</sup>,  
Jeffery D Klausner<sup>3</sup>, Purnima Madhivanan<sup>2,4</sup>,  
Caitlyn D Placek<sup>5</sup>

<sup>1</sup>Department of Epidemiology, Robert Stempel College of Public Health and Social Work, Florida International University, Miami, Florida, <sup>2</sup>Public Health Research Institute of India, Mysore, Karnataka, India, <sup>3</sup>David Geffen School of Medicine and Fielding School of Public Health, University of California, Los Angeles, California, <sup>4</sup>Department of Health Promotion Sciences Mel & Enid Zuckerman College of Public Health, University of Arizona, Tuscon, Arizona, <sup>5</sup>Department of Anthropology, Ball State University, Muncie, Indiana

### Address for correspondence:

Dr. Caitlyn D Placek,  
Department of Anthropology, Ball State University, Burkhardt  
Building, Room No. 315, Muncie, Indiana 47306, USA.  
E-mail: cdleonardson@bsu.edu

### REFERENCES

1. Johnston C, Corey L. Current concepts for genital herpes simplex virus infection: Diagnostics and pathogenesis of genital tract shedding. *Clin Microbiol Rev* 2016;29:149-61.
2. Biswas D, Borkakoty B, Mahanta J, Walia K, Saikia L, Akoijam BS, *et al.* Seroprevalence and risk factors of herpes simplex virus type-2 infection among pregnant women in Northeast India. *BMC Infect Dis* 2011;11:325.
3. Schaefer R, Gregson S, Eaton JW, Mugurungi O, Rhead R, Takaruzza A, *et al.* Age-disparate relationships and HIV incidence in adolescent girls and young women: Evidence from Zimbabwe. *AIDS* 2017;31:1461-70.

4. Kelly RJ, Gray RH, Sewankambo NK, Serwadda D, Wabwire-Mangen F, Lutalo T, *et al.* Age differences in sexual partners and risk of HIV-1 infection in rural Uganda. *J Acquir Immune Defic Syndr* 2003;32:446-51.
5. Bauer GR, Khobzi N, Coleman TA. Herpes simplex virus type 2 seropositivity and relationship status among U.S. adults age 20 to 49: A population-based analysis. *BMC Infect Dis* 2010;10:359.
6. Beauclair R, Dushoff J, Delva W. Partner age differences and associated sexual risk behaviours among adolescent girls and young women in a cash transfer programme for schooling in Malawi. *BMC Public Health* 2018;18:403.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

#### Access this article online

<b>Quick Response Code:</b> 	<b>Website:</b> <a href="http://www.ijstd.org">www.ijstd.org</a>
	<b>DOI:</b> <a href="https://doi.org/10.4103/ijstd.IJSTD_90_18">10.4103/ijstd.IJSTD_90_18</a>

**How to cite this article:** Coudray MS, Degarege A, Khan A, Ravi K, Srinivas V, Klausner JD, *et al.* Partner age difference and sociodemographic correlates of herpes simplex virus type 2 seropositivity: A community-based study in South India. *Indian J Sex Transm Dis* 2020;41:219-21.

**Submitted:** 31-Oct-2018

**Revised:** 10-Feb-2019

**Accepted:** 16-Jun-2019

**Published:** 31-Jul-2020

© 2020 Indian Journal of Sexually Transmitted Diseases and AIDS | Published by Wolters Kluwer - Medknow