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When the gloves come off in mixed-status love

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I’m positive, but my negative partner of two years thinks the risk of infection when he fucks me is low and worth taking. When he suggested this, I thought, no way—I couldn’t live with myself if I infected him. But the more we talk, I start thinking it’s his right to choose.

All mixed-status couples face these questions. For straight and gay relationships, emotional bonding and sex go hand in hand. The condom may become an emotional and physical barrier. Your partner may be developing feelings of separation because he can’t physically share what he’d like to. This is one way of proving love and commitment. As the HIVer, you may feel responsibility toward him.

First, get transmission facts. Risk depends on the sex you’re having. A 1999 study of gay and bisexual men found the chance of infection for insertive partners in anal intercourse is .06 percent—about 3 in 5000 exposures. If you’re the insertive partner, your negative partner’s risk is about 1 in 125. Damage to the rectum increases risk for both partners. A 10-year study of heterosexual vaginal sex found male-to-female transmission less common—about 0.0009 percent. The woman-to-man risk was eight times less than that. Risk is exacerbated for anal and vaginal sex if other sexually transmitted infections exist.

Second, gauge your own health and adherence to meds. Although researchers agree that undetectable viral load makes you less infectious, semen and vaginal fluids can still contain HIV.

Third, discuss if your relationship is a long-term commitment. Consider individual counseling so your partner can explore his condom issues. If you can balance risk with desire for physical and emotional connection, you can reach a mutually respectful conclusion.

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