**Background**
Female positive/male negative ($\pm/-\cdot$) HIV-serodiscordant couples desiring children have expressed an interest in safer conception interventions to reduce HIV transmission. Approximately 45% of HIV-infected women desire children and may choose to engage in condomless sex to achieve pregnancy. Without routinely available preconception counselling and safer conception reproductive services, $\pm/-\cdot$- HIV-serodiscordant couples who desire children represent a key population at risk of sexual HIV transmission.

**Methods**
We conducted a prospective study of $\pm/-\cdot$- HIV-serodiscordant couples desiring children to evaluate the feasibility and efficacy of timed vaginal insemination (TVI). Eligible couples included female partners age 18–34 years with regular menses and HIV disclosure to male partners. Prior to TVI, couples were tested and treated for STIs, advised on and monitored for consistent condom use (i.e., evaluation for the presence of prostate specific antigen) and regular menses, and educated on TVI. The intervention included sexual intercourse with a condom and semen collection with a syringe for TVI during the fertile window for up to six menstrual cycles. Time to pregnancy with TVI was assessed with a Kaplan-Meier analysis.

**Results**
Forty $\pm/-\cdot$- HIV-serodiscordant couples were enrolled. Seventeen couples exited prior to TVI due to dissolution of the relationship ($n = 4$), voluntary cessation of study participation ($n = 2$), HIV seroconversion ($n = 2$), irregular menses ($n = 2$), or lost to follow-up ($n = 7$). Twenty-three couples ($57.5\%$) were introduced to TVI. At baseline, $17 (73.9\%)$ women reported good ability to retain their TVI devices during intercourse with the TVI procedures. We observed eight pregnancies without HIV transmission, which resulted in six live births and two non-viable infants. Accounting for loss to follow-up, we estimate that $36\%$ of women will become pregnant within 150 days of TVI initiation.

**Conclusion**
Given the desire for children amongst HIV-affected couples, TVI may be acceptable and as effective in achieving pregnancy as natural conception while minimising the risk of sexual HIV transmission.

**Disclosure of interest statement**
Authors declare that there is no conflict of interest regarding the publication of the paper.

**Introduction**
Nevirapine (NVP) is commonly used as a component of first-line antiretroviral therapy in Indonesia. We aimed to determine the risk factors for NVP-associated rash and/or hepatotoxicity among HIV-infected patients in Indonesia.

**Methods**
A case-control study was conducted in HIV-infected patients who developed rash after taking NVP or increasing level of transaminase enzim (case) and those who did not have rash or increasing level of transaminase enzim (control).

**Results**
A total of 149 patients with a mean (SD) age of 35.2 (10.2) years; 84 (56.4%) male, 56 (37.6%) female and 9 (6.0%) transgender were included in the study. Mean body weight (SD) was 56.7 (38.8) kg. Of all, 9 (6.0%) patients had a history of AIDS-defining illness and 12 (8.1%) patients had history of drug allergy. Mean CD4 cell counts at the time of NVP initiation was 147.3 (2–615) cells/mm³. There were 49 patients in case group and 100 patients in control group. In case group, 18.4%, 73.9%, 18.4% and 18.4% of patients developed grade 1, 2, 3, and 4 of rash, 57.1%, 21.4%, 7.1% and 14.3% of patients developed grade 1, 2, 3, and 4 of hepatotoxicity, respectively. Mean time to develop rash was 19.4 (5–52) days. By logistic regression, history of drug allergy (OR, 4.20; 95% CI, 0.64–27.84) body weight (OR, 1.15; 95% CI, 0.72–1.82), CD4 cells counts (OR, 0.85; 95% CI, 0.54–1.35), and AIDS-defining illness (OR, 0.99; 95% CI, 0.38–2.56) were not significantly associated with nevirapine-associated rash and/or hepatotoxicity among HIV-infected patients in Indonesia.

**Conclusion**
In Indonesia settings where patients were initiated NVP, history of drug allergy, lower body weight, and higher CD4 cell count are not the risk factors for NVP-associated rash and/or hepatotoxicity.