**Table 4: Risk factors associated with sub-optimal RUF intake in HIV-infected participants 2 weeks after enrolment in the SNACS Study.a–b–c, Senegal.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Effects** | Univariable analysis | | | Multivariable analysis | | |
|  | **OR** | **95% CI** | ***P* value** | **aOR** | **95% CI** | ***P* value** |
| Girls vs. boys | 1.7 | 0.9 – 3.2 | 0.09 | \_ | \_ | \_ |
| <12 years vs ≥12 years | 1.2 | 0.6 – 2.2 | 0.60 | 0.7 | 0.3 – 1.5 | 0.38 |
| Decentralized setting vs Dakar | 2.6 | 1.4 – 5.0 | 0.003 | \_ | \_ | \_ |
| School level |  |  |  |  |  |  |
| None vs. secondary | 3.5 | 1.0 – 12.0 | 0.05 | \_ | \_ | \_ |
| Primary vs. secondary | 1.8 | 0.5 – 5.8 | 0.36 | \_ | \_ | \_ |
| HIV status undisclosed: yes vs. no | 4.9 | 2.1 – 11.2 | 0.0002 | 5.1 | 1.9 – 13.9 | 0.002 |
| Food insecurity: yes vs. no | 2.8 | 1.2 – 6.3 | 0.01 | 2.8 | 1.1 – 7.2 | 0.03 |
| Disliking RUF taste: yes vs. no | 3.6 | 1.7 – 7.8 | 0.001 | 5.0 | 2.0 – 12.3 | <0.001 |
| *Disliking RUF taste \* Food insecurity* | *\_* | *\_* | *\_* | *\_* | *\_* | *0.001* |
| Caregiver responsible for RUF management vs. participant | 2.2 | 1.1 – 4.1 | 0.02 | \_ | \_ | \_ |
| Participant needs encouragement to eat the RUF : yes vs. no | 2.0 | 1.0 – 3.6 | 0.04 | \_ | \_ | \_ |
| Participant eats RUF in several vs. single feeding | 1.8 | 1.0 – 3.3 | 0.06 | \_ | \_ | \_ |
| SAM vs. MAM | 1.9 | 1.0 – 3.5 | 0.05 | \_ | \_ | \_ |
| Virologic suppressiond: no vs. yes | 2.4 | 1.2 – 4.6 | 0.01 | 2.0 | 0.9 – 4.4 | 0.07 |

a Abbreviations: aOR: adjusted odds ratio; CI: confidence interval; OR: odds ratio; RUF: ready-to-use food; MAM: moderate acute malnutrition; SAM: severe acute malnutrition.

b Sub-optimal RUF intake is defined as if < 50% of RUF provided

c Explanatory variables are included at *P* < 0.20 in multivariate analysis, exited at *P* ≥ 0.10

d Virologic suppression is defined as viral load ≤ 50 copies/ml