Table 6 were excluded from the initial model of interpersonal relationship and support characteristics because of their strong correlation with the father’s desire for the pregnancy: emotional support from the partner and from the baby’s father.

In the final multivariate model (Table 7, page 202), the odds of being happy to be pregnant were elevated among women with less than a college education (odds ratios, 2.5 for women with less than a high school degree and 2.0 for high school graduates), and were higher among those living in households with 1–2 members than among those whose households consisted of five or more (2.1). The odds of being happy also increased with women’s use of positive cognitive and behavioral coping strategies to deal with negative moods or affect (1.03). Three reproductive characteristics were associated with reduced odds of being happy to be pregnant: increased gestational age at enrollment (0.97), having other children (0.3–0.4) and having a child younger than two (0.4). The likelihood of being happy was elevated among women who had not used a birth control method at the time they became pregnant (1.6). Several interpersonal characteristics were also significant correlates of a woman’s happiness about being pregnant. Odds were reduced among women who were single, who had had more than one sexual partner in the past year, who did not have a current partner and who reported that the baby’s father did not want this pregnancy (0.4–0.6).

**DISCUSSION**

Measures of happiness about being pregnant, or a partner’s happiness, may yield stronger associations with prenatal care initiation or utilization, and pregnancy outcomes (e.g., low birth weight, prematurity, infant death), than traditional measures reflecting pregnancy intentions or timing. And while previous studies have compared pregnancy intentions with happiness, we are not aware of any studies that have assessed associations between feelings about pregnancy and maternal risk behaviors, or that have identified correlates of happiness about pregnancy.

As in previous research, pregnancy intentions and happiness were strongly correlated in this study. Women who were happy to be pregnant were most likely to have an intended pregnancy, those who were moderately happy were most likely to have a mistimed pregnancy and those who were unhappy were most likely to have an unwanted pregnancy. However, one-third or more of women in each happiness category reported intentions that were not consistent. Thus, these two variables are not interchangeable and may be measuring different, yet strongly related constructs, as has been suggested elsewhere.

We also demonstrated that happiness to be pregnant was strongly associated with more psychosocial and behavioral risk factors than was pregnancy intention. These findings support pregnancy outcome data, and further suggest that a woman’s feelings about her pregnancy may be a stronger determinant of psychosocial or behavioral risk during pregnancy than pregnancy intentions or timing. In fact, many women who have a mistimed pregnancy may ultimately come to view their pregnancy positively, despite its being unintended. The desire for a baby, which Stanford and colleagues describe as stemming from personal, partner and community values about childbearing, is therefore important to consider.

The finding that women who were happy to be pregnant were more likely than unhappy women to report exposure to environmental tobacco smoke in the past week was contrary to our expectations and warrants further study. Happier women may be more likely to have partners, or likely to have a larger social circle, and therefore potentially have a greater chance of encountering smokers. Or women who are happy may be more