graduates (six vs. seven months), while women with less than a high school degree report the most months of sexual activity (eight). Household poverty status is not significantly related to any of these measures.

**STD and Unintended Pregnancy Risk**
- **Multiple sexual partners.** Single women are more likely to have had two or more sexual partners in the past year (22%) than are either cohabiting or married women (9% and 2%, respectively—Table 3). The same is true in every demographic subgroup examined.
  
  The proportion of single women reporting multiple partners declines with age, from 26% of 20–29-year-olds to 15% of 40–44-year-olds. The likelihood of having had multiple partnerships is greater among white than among Hispanic single women (23% vs. 18%), and greater among women with a high school degree than among those having a college degree (22% vs. 16%). Multiple partnership does not differ by household poverty status (21–23%).

- **Risk of unintended pregnancy.** Overall, a smaller proportion of single women than of cohabiting women are at risk of unintended pregnancy (49% vs. 60%). Risk does not differ significantly between single and married women, but does differ between cohabiting and married women (p<.05—not shown).
  
  Within most subgroups, single women are less likely than cohabiting women to be at risk of unintended pregnancy. The proportions of single and cohabiting women at risk differ significantly at ages 20–39, but not at age 40–44. Among blacks and whites, but not among Hispanics, single women are at greater risk of unintended pregnancy than are married women.
  
  The proportion of single women at risk of unintended pregnancy declines with age, from 63% to 25%. It does not vary significantly by race or ethnicity, but is lowest among those with the least education. Of the measures we examine, unintended pregnancy risk is the only to vary by poverty status among single women: Those who have household incomes of 200% or more of the federal poverty level have a higher rate of risk than their lower income counterparts (55% vs. 42–45%).

- **Condom and contraceptive use.** Among women who have multiple partners, consistent condom use is important for protection against STDs. However, only 28% of these women had used condoms in the past month, and higher proportions of single than of married women had recently used condoms (30% vs. 11%) and had used them consistently over the last year (19% vs. 3%—Table 4). Yet more than a quarter of single women with multiple partners had never used condoms over this period, and more than half had used them inconsistently.

  Among all women at risk of unintended pregnancy, higher proportions of married or cohabiting women than of single women had used a contraceptive in the past month (86% vs. 81%). Overall, one in six women at risk had not used any method.

- **Union status and risk.** We also assessed whether single women were disproportionately at risk of unintended pregnancy or STDs. Single women—who make up 36% of women aged 20–44—represent 27% of those who are sexually active, 82% of those with multiple partners (of whom they are a disproportionately large part) and 37% of those at risk of unintended pregnancy (Figure 1). In contrast, married women make up 54% of 20–44-year-olds and represent 62% of sexually active women, 9% of women with multiple partners and 52% of those at risk of unintended pregnancy. Only 10% of women in this age-group are cohabiting, and they account for 9–12% of each risk subgroup.

- **Insurance coverage and risk.** In general, health insurance—whether private or Medicaid—provides coverage for needed reproductive health care services, including family planning, maternity care, and STD prevention and treatment services. Most sexually active women, regardless of union status, have health insurance; only 16% did not have insurance throughout the 12 months preceding the survey. However, among sexually active women, the level of uninsurance is significantly higher among cohabiting (25%) and single women (21%) than among married women (12%); the difference between cohabiting and single women is not significant. Cohabiting and single women also are significantly more likely than their married peers to have Medicaid coverage and less likely to have private insurance. These findings suggest that sexually active single women are less able than married women to obtain the sexual and reproductive health services they may need.

**DISCUSSION**

Much of the academic and policy discussion of changes in American fertility and family formation has focused on the shift away from formal marriage toward higher rates of cohabitation. Yet one-third of adult women of reproductive age are not currently married or cohabiting, and for the majority of adult women, living without a partner does not mean living without sex. Nine in 10 single women are sexually experienced, and seven in 10 of these experienced women have had intercourse in the past three months. These high levels of sexual activity among single women highlight their need for reproductive health services they may need.