OBJECTIVES: STI prevention interventions often aim to reduce HIV incidence. Understanding STI risks may lead to more effective HIV prevention. GOAL: To identify STI risks among men aged 18-24 in Kisumu, Kenya. STUDY DESIGN: We analyzed baseline data from a randomized trial of male circumcision. Participants were interviewed for sociodemographic and behavioral risks. Neisseria gonorrhoeae (NG) and Chlamydia trachomatis (CT) were diagnosed by polymerase chain reaction assay and Trichomonas vaginalis (TV) by culture. The outcome for logistic regression analysis was infection with NG, CT, or TV. RESULTS: Among 2743 men, 214 (7.8%; 95% CI: 6.8%-8.8%) were infected with any STI. In multivariable analysis, statistically significant risks for infection were: living one’s whole life in Kisumu (OR = 1.50; 95% CI: 1.12-2.01), preferring "dry" sex (OR = 1.47; 95% CI: 1.05-2.07), HSV-2 seropositivity (OR = 1.37; 95% CI: 1.01-1.86), and inability to ejaculate during sex (OR = 2.04; 95% CI: 1.15-3.62). Risk decreased with increasing age and education, and cleaning one’s penis less than 1 hour after sex (OR = 0.51; 95% CI: 0.33-0.80). CONCLUSION: Understanding how postcoital cleaning, "dry" sex, and sexual dysfunction relate to STI acquisition may improve STI and HIV prevention.