

## Introduction

Male factor infertility has a crippling impact on relationships perceptions of male self-worth. There has been a and worldwide increase in male factor infertility which is a growing concern.

With the pervasive use of wireless technology, more researchers are investigating the impact of wireless device use and its impact on male fertility.

This study aimed to assess the impact of wireless device usage on the total motile sperm parameters (volume, count, motility) in Jamaican males being investigated for infertility at the Hugh Wynter Fertility Management Unit (HWFMU).

# Methods

A cross-sectional study was conducted on 156 men attending a universitybased fertility clinic in Jamaica. No interventions were given to patients and semen samples were collected by masturbation in a sterile container after an abstinence period of 3 days and analysed. All data analyses were done using SPSS Version 26. Preliminary Pearson's chi-squared analyses were performed in order to ascertain independent associations of individual and combined device usage. Adjusted analyses of parameters associated with total motile sperm count (volume, sperm count and motility) across indices of device use (cell phone, laptop, tablet, combined use index), along with previously selected confounders were conducted using multiple regression analysis.



Figure 1 : Flowchart of selecting the study subjects

# Wireless Device Use and Fertility in Jamaican Males

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# Results

Overall, all participants reported using mobile phones, 64% reported using laptops and 37% reported using tablets.



Figure 2 : Uses of Wireless Devices for Sample Population. (a) Mobile Phone, (b) Laptop, (c) Tablet.

Participants who had spent more than 5 hours per day on laptops reported taking a longer time trying to conceive (>3 years) (p = 0.015). Significant differences were noted between normal and abnormal volume and motility with laptop use and the multiple device use index (p = 0.007 and p = 0.005) respectively) (Table 1a and 1b). Results of adjusted regression models showed that persons who used their laptops for 2 to 5 hours were approximately 16 times more likely to have low sperm volume (aOR = 15.89; 95% CI: 2.45-103.26, *p* = 0.004) (see Table 2).

Table 1a : Percentage difference between normal and abnormal sperm parameters by device use

	Semen Volume			Sperm Count				Total Motile Sperm Count			Sperm Motility		
	Normal	Abnormal	p-value	Normal	Abnormal	p-value		Normal	Abnormal	p-value	Normal	Abnormal	p-value
	≥1.5mL	<1.5mL		>20 x 10 <sup>6</sup>	≤20 x 10 <sup>6</sup>			>20 x 106	<20 x 106		>40%	<40%	
	(n=130)	(n= 26)		( <b>n=82</b> )	( <b>n=72</b> )			(n-128)	(n-28)		(n-100)	(n-56)	
	%	%		%	%			(11-120)	$(\Pi = 20)$		(II= 100) 0/2	(II= 50) 0/2	
Frequency of Daily Phone Calls							Frequency of Daily Phone Calls	/0	/0		/0	/0	-
Low ( $\leq$ 5 times per day)	42.3	23.1	0.095	37.0	40.3	0.323	Low (<5 times per day)	38.6	40.7	0.978	417	34.5	0.486
Medium $(6 - 19 \text{ times per day})$	26.9	46.2		27.2	34.7		Medium $(6 - 19 \text{ times per day})$	30.7	29.6	0.270	27.3	36.4	0.400
High (≥20 times per day)	30.8	30.8		35.8	25.0		High $(>20$ times per day)	30.7	29.6		31.3	29.1	
<b>Duration of Phone Calls</b>							Duration of Phone Calls	50.7	27.0		51.5	27.1	+
Low (≤10 minutes)	40.0	53.8	0.424	42.0	41.7	0.917	$L_{ow}$ (<10 minutes)	40.2	51.9	0.522	43.4	40.0	0.892
Medium $(11 - 59 \text{ minutes})$	43.8	34.6		42.0	44.4		Medium $(11 - 59 \text{ minutes})$	44 1	37.0	0.022	42.4	43.6	0.072
High (≥60 minutes)	16.2	11.5		16.0	13.9		High (>60 minutes)	15.7	11.1		14.1	16.4	
Time Spent on Laptop							Time Spent on Laptop	10.17				10.1	
Low (<2 hours per day)	46.4	12.5	0.007*	36.5	45.7	0.325	Low (<2 hours per day)	43.2	27.8	0.417	39.7	41.7	0.681
Medium $(2 - 5$ hours per day)	8.3	31.3		9.6	15.2		Medium $(2-5$ hours per day)	12.3	11.1		14.3	8.3	
High (>5 hours per day)	45.2	56.3		53.8	39.1		High (>5 hours per day)	44.4	61.2		56.0	50.0	
Time Spent on Multiple Devices							Time Spent on Multiple Devices						
Low (<2 hours per day)	5.2	8.3	0.877	8.7	2.4	0.456	Low (<2 hours per day)	5.5	6.7	0.080	7.4	2.9	0.005*
Medium $(2 - 5 \text{ hours per day})$	6.5	8.3		6.5	7.3		Medium $(2-5 \text{ hours per day})$	4.1	20.0		0.0	17.6	
High (>5 hours per day)	88.3	83.3		84.8	90.2		High (>5 hours per day)	90.4	87.5		92.6	79.4	

Table 2 : Adjusted odds ratios for simple logistic regression analyses to identify risk factors for semen parameters

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	Abn	ormal Semen Vo	lume	Abnormal Sperm Count					
		( <b>n=156</b> )		(n=154)					
	aOR	95% CI	p-value	aOR	95% CI	p-value			
Frequency of Daily Phone Calls									
Low (≤5 times per day)									
Medium $(6 - 19 \text{ times per day})$	2.907	[0.97, 8.70]	0.056	1.180	[0.51, 2.73]	0.699			
High (≥20 times per day)	1.651	[0.52, 5.28]	0.398	0.546	[0.23, 1.27]	0.161			
Duration of Phone Calls									
Low (≤10 minutes)									
Medium $(11 - 59 \text{ minutes})$	0.619	[0.24, 1.59]	0.320	1.098	[0.53, 2.29]	0.804			
High (≥60 minutes)	0.708	[0.18, 2.85]	0.627	0.958	[0.34, 2.71]	0.936			
Time Spent on Laptop									
Low (<2 hours per day)									
Medium $(2 - 5 \text{ hours per day})$	15.894	[2.45, 103.26]	0.004*	1.361	[0.33, 5.67]	0.672			
High (>5 hours per day)	4.343	[0.87, 21.73]	0.074	0.738	[0.28, 1.94]	0.538			
Sperm Paran	<u>neter :</u>			<u>Adjus</u>	ted for :				
Abnormal Sporn		λαο							

Abnormal Sperm volume Abnormal Sperm Count

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Table 1b : Percentage difference between normal and abnormal sperm parameters by device use

Time Trying for Baby, Recreational Drug Use

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To our knowledge, this is the first study to evaluate the impact of wireless device use on semen quality in the Caribbean.

In persons seeking infertility investigations, we found that longer durations of laptop use corresponded to reduced semen volume. We also found that laptop use was associated with a longer time to conceive.

We believe that our results contribute to the body of research in the field of wireless device use and fertility. It is our hope that our findings may be employed to help develop policies and guidelines in the Caribbean region regarding the use of these devices while trying to conceive.



# Conclusions

## References

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# **Further Information**

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