

Impact of Cigarette Smoking on Semen Quality and Sperm DNA Integrity: Integrating Conventional and Molecular Markers in Male Infertility

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Abstract

Male infertility here is on the rise worldwide, & smoking cigarettes is a major contributor to reproductive issues based on this. Researchers use standard testing methods and molecular DNA fragmentation index (DFI) markers to study how smoking affects sperm health and DNA protection. Research shows that smokers typically produce lower sperm counts which also exhibit reduced movement capabilities and display various abnormal shapes. The group exhibits a higher frequency of DNA breaks compared to the rest of the population. This research here underscores the cumulative nature of genetic damage throughout an individual's life based on this. Spermatozoa show high susceptibility to oxidative stress because reactive oxygen species interact with mitochondrial dysfunction. The study demonstrates two main findings because traditional semen analysis has limitations and molecular testing provides essential information for accurate fertility evaluations. Consequently, the research supports the notion that smoking cessation is a crucial element of therapeutic intervention.

Keywords: Male Infertility, DNA Fragmentation Index, DNA Protection, Spermatozoa, Mitochondrial Dysfunction etc.

1. Introduction

1.1 Background

Male infertility is an important and significant global health issue, accounting for more than half of all infertility cases in couples significantly. Recent research indicates that male reproductive potential is significantly influenced by environmental and lifestyle factors, with physiological issues also playing a crucial role. Cigarette smoking considered here mostly has attracted considerable attention due to its widespread occurrence and its complex effects on human biology [1].

Tobacco smoke contains many dangerous chemicals which include nicotine and cadmium and reactive oxidants that disrupt spermatogenesis and lower the quality of semen. The main diagnostic method for semen analysis remains conventional semen analysis which requires labs to test sperm count motility and morphology, but this method often misses testing essential molecular defects [2]. Research shows that sperm DNA integrity assessment through DNA fragmentation index (DFI) provides a better indicator of reproductive potential than standard scientific methods. The understanding of male infertility requires researchers to use complete methods which combine standard medical practices with advanced genetic testing methods.

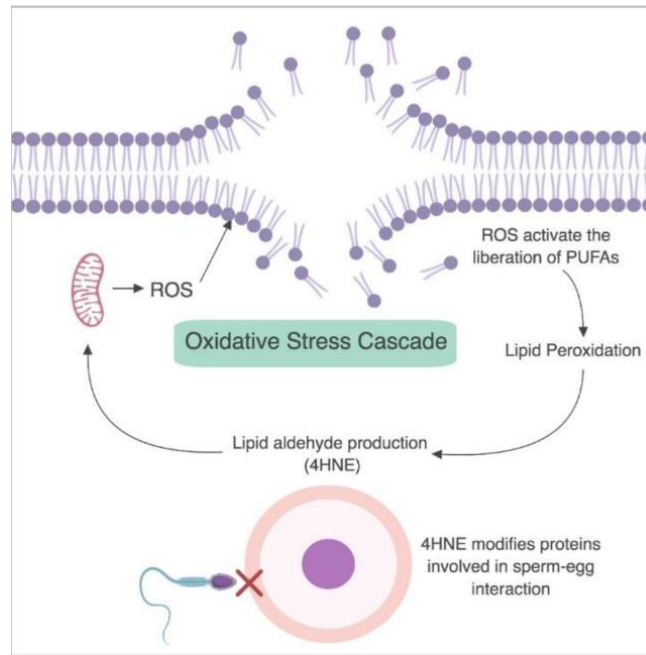


Figure 1: Stress Cascade, Source: <https://doi.org/10.3390/antiox7100132>

1.2 Statement of the Problem and Objective

Despite significant progress in reproductive medicine, a substantial portion of male infertility cases still remain unsolved through traditional methods which assess semen characteristics. Researchers have identified cigarette smoking as a risk factor but they have not conducted sufficient research to understand how it damages sperm at the molecular level especially in studies that involve entire populations [3]. Current research studies use small groups of patients for testing which results in inconsistent evaluation methods and insufficient protection against age and BMI and lifestyle factors. The research reveals that scientists lack understanding about the true extent of genetic damage which occurs in spermatozoa due to smoking. The study uses traditional semen quality measures together with molecular DFI testing to analyze the smoking effects on semen quality and sperm DNA integrity. The research intends to study how different doses affect the body through their oxidative stress mechanisms which will provide medical professionals complete information about male infertility treatment methods.

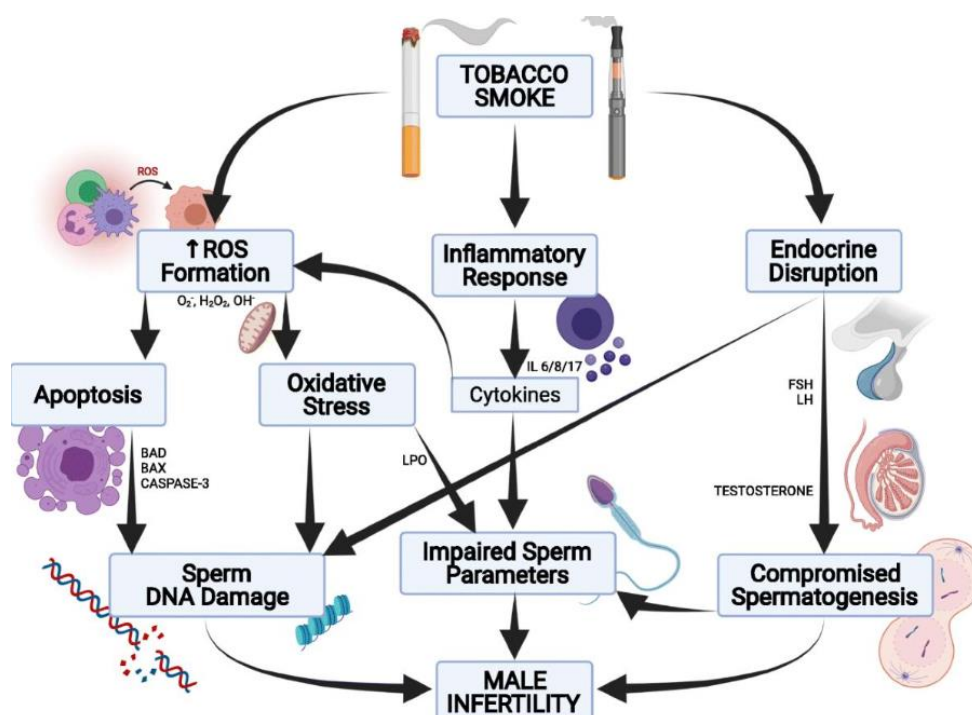


Figure 2: Mutagenic Effect, Source: <https://doi.org/10.1007/s11356-021-16331-x>

2. Literature Review

Scientists have achieved substantial advancement in their comprehension of male infertility through their research on both molecular elements and traditional semen characteristics [4]. The primary diagnostic method has relied on traditional semen analysis which measures sperm concentration and motility and morphology. The current research demonstrates that these elements do not provide a complete understanding of infertility in cases which medical experts have classified as unexplained. The scientific community developed sperm DNA fragmentation testing which serves as a vital indicator of genetic health and reproductive capabilities.

Research studies conducted in laboratories and medical settings have demonstrated that smoking cigarettes leads to a major decline in semen quality. Smokers typically experience a decrease in their sperm production while their sperm movement ability diminishes and their sperm develop more serious defects [5]. The harmful effects result from tobacco smoke's harmful components which include nicotine and cadmium and polycyclic aromatic hydrocarbons that disrupt both sperm production and hormonal functions. Recent studies demonstrate that smoking causes major DNA damage to sperm cells through increased DNA fragmentation.

The main biological mechanism which establishes the connection between smoking and sperm DNA damage occurs through oxidative stress. Cigarette smoke introduces external reactive oxygen species (ROS) and increases the generation of endogenous ROS, thereby overloading antioxidant defense mechanisms [6]. This biological imbalance produces three destructive effects which include DNA strand breakage and mitochondrial malfunction and lipid peroxidation. Research using TUNEL and SCSA and Comet assays consistently shows that smokers have higher DNA fragmentation index (DFI) levels than non-smokers.

Epidemiological studies establish a dose–response relationship which demonstrates that increased smoking intensity and prolonged duration (quantified in pack-years) correlate with heightened DNA damage. Meta-analyses show that DFI increase negatively impacts fertilization rates and embryo quality and pregnancy outcomes in assisted reproductive technologies (ART) treatments [7].

Although researchers have achieved various accomplishments, they still face multiple research gaps that remain unaddressed. Most research studies focus on clinics while they fail to include population samples, which limits their ability to represent the general population. The different techniques used for DFI measurement together with the absence of standard DFI measurement criteria create obstacles that prevent scientists from comparing their results across different studies. The research process often suffers from inadequate control over key factors including age and BMI and alcohol consumption and occupational exposure. The existing studies in developing countries, particularly India, which face increasing smoking rates and infertility problems, show a critical research gap. The existing deficiencies require comprehensive research frameworks which combine traditional methods with molecular analysis to improve understanding of how smoking causes male infertility.

Study Type	Key Focus	Methodology	Major Findings	Limitations
Clinical Studies	Smoking vs semen quality	Semen analysis	Reduced count, motility, morphology in smokers	Small sample size
Molecular Studies	Smoking vs DNA fragmentation	TUNEL, SCSA, Comet	Increased DFI in smokers	Lab variability
Epidemiological Studies	Population-based association	Cross-sectional/cohort	Dose-response relationship	Confounders not fully controlled

			(pack-years vs DFI)	
Meta-Analyses	Combined evidence	Systematic review	Strong association between smoking and DNA damage	Heterogeneity in methods
ART-based Studies	Fertility outcomes	IVF/ICSI data	Higher DFI → lower success rates	Selection bias
Environmental Studies	Oxidative stress mechanisms	Biomarker analysis	ROS as primary pathway	Limited human models
Developing Country Studies	Regional data (India, Asia)	Clinic-based	Increasing infertility linked to smoking	Lack of population-level data

Table 1: Systematic Analysis of Literature, Source: Author Generated

3. Theoretical Framework

This investigation employs oxidative stress theory to elucidate the mechanism by which cigarette smoking compromises sperm DNA integrity. The primary exposure variable in this study was smoking, predicated on the premise that smokers are exposed to reactive oxygen species (ROS) and other harmful substances. Exogenous oxidants disrupt the balance between ROS production and antioxidant defenses, thereby inducing oxidative stress.

Spermatozoa are particularly susceptible to oxidative damage due to their limited cytoplasmic content, which precludes the utilization of robust DNA repair mechanisms [8].

The primary outcome variable which scientists measure through DNA Fragmentation Index (DFI) shows increased levels of reactive oxygen species (ROS) that cause lipid peroxidation mitochondrial malfunction and DNA strand breaks. The paradigm additionally includes mediating variables including mitochondrial dysfunction and antioxidant depletion which cause oxidative damage to intensify through a feedback loop.

The model includes confounding variables that include age body mass index (BMI) alcohol intake and occupational exposure because these factors influence both smoking patterns and sperm DNA integrity. The proposed mechanism is as follows: smoking exposure → elevated reactive oxygen species (ROS) → mitochondrial impairment → DNA fragmentation → diminished reproductive potential. This integrative approach provides comprehensive framework which researchers can use to study how lifestyle factors connect to molecular reproductive outcomes.

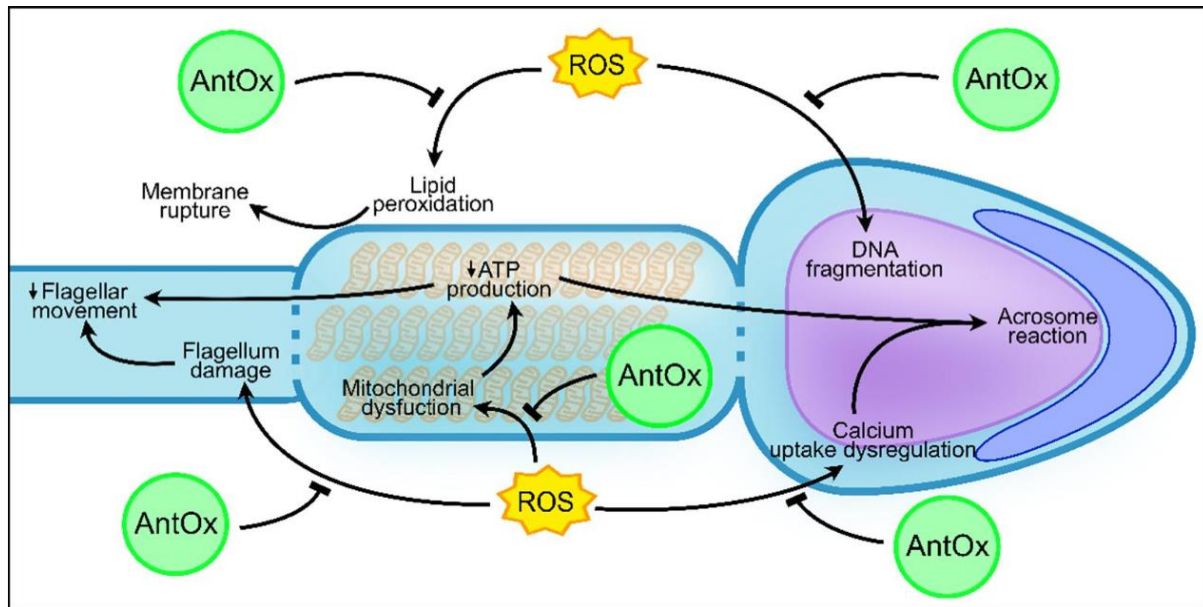


Figure 3: Antioxidants Present in Reproductive Tract Fluids and Their Relevance for Fertility, Source: <https://doi.org/10.3390/antiox10091441>

4. Methodology

The researchers applied population-based cross-sectional study design to investigate the link between cigarette use and male reproductive age sperm DNA damage. The study design enables researchers to assess smoking exposure together with DNA damage outcomes which supports their investigation of real-world relationships that maintain high external validity. The study included men aged 20 to 45, chosen through random sampling [9].

The data collection process used structured questionnaires to capture demographic information together with details about smoking practices (intensity duration pack-years) and alcohol consumption and workplace exposure habits. Researchers divided smoking into three categories based on daily cigarette consumption which enabled them to conduct dose-response research. Following World Health Organization (WHO) guidelines, the researchers collected semen samples, requiring all participants to abstain from ejaculation for 2 to 5 days. Afterward, standard laboratory methods were used to evaluate the semen parameters [10].

This included measuring sperm count and motility, as well as evaluating sperm morphology. The researchers assessed sperm DNA integrity through two tests which produced a quantitative measurement of the DNA fragmentation index (DFI) [11]. The research included independent, dependent, and confounding variables. The researchers used smoking exposure as their independent variable while DFI served as their main outcome measure. The researchers used multivariate analysis to control for confounding variables which included age and BMI and alcohol consumption and occupation.

Statistical analysis was conducted utilizing SPSS software. Descriptive statistics encapsulated sample characteristics, whereas inferential tests (t-test, ANOVA) facilitated group comparisons. The Pearson correlation analyzed the associations between smoking exposure and DFI, while regression models examined independent predictors [12]. A significance criterion of $p < 0.05$ was employed to assess statistical validity. Ethical approval and informed consent protocols ensured adherence to research standards.

Variable Type	Variable	Measurement
Independent	Smoking	Cig/day, duration, pack-years
Dependent	DNA Fragmentation Index (DFI)	% DNA damage
Confounders	Age	Years

	BMI	kg/m ²
	Alcohol Intake	Frequency
	Occupation	Exposure category

Table 2: Study Variable Classification, Source: Author Generated

Analysis Type	Test Used	Purpose
Descriptive	Mean $\pm$ SD	Data summary
Comparative	t-test / ANOVA	Group comparison
Correlation	Pearson correlation	Association analysis
Multivariate	Regression analysis	Adjust confounders
Software	SPSS	Statistical computation

Table 3: Statistical Plan, Source: Author Generated

5. Findings and Analysis

The study found significant differences in standard semen analyses and molecular tests between smokers and non-smokers. The demographic analysis showed that the participants were evenly spread across different age groups, with an average age of 32. Additionally, their Body Mass Index (BMI) ranged from normal to overweight. This design helped to reduce the impact of demographic bias [13].

Scientists studied sperm and found that smokers had fewer sperm, sperm that moved less, and sperm that looked normal. The findings indicate that smoking negatively affects sperm production and the quality of the sperm. The main result of the study showed that smokers had a significantly higher DNA Fragmentation Index (DFI).

The statistical analysis revealed a significant difference between the two groups, which was consistent with the observed increase in DNA damage among smokers. Moreover, the subgroup analysis showed a clear dose-response relationship, suggesting that DFI levels increased with the amount of smoking. The correlation analysis further substantiated this, revealing a robust positive association between the annual pack consumption and DFI levels, thereby suggesting that prolonged smoking duration was linked to augmented genetic damage [14]. The regression analysis showed that smoking strongly predicted DNA fragmentation, even after controlling for age, body mass index, and other factors.

The ANOVA results showed that smoking groups had significant differences but post-hoc testing showed more distinct differences between heavy smokers and nonsmokers. The data support the idea that smoking causes both functional and molecular degradation of sperm [15]. The results show that traditional semen features indicate lower reproductive capacity but DFI molecular markers provide deeper insights into genetic damage which demonstrates the need for full diagnostic methods.

Variable	Mean $\pm$ SD	Interpretation
Age	32.4 $\pm$ 6.5	Reproductive age group
BMI	24.8 $\pm$ 3.2	Normal to overweight

Table 4: Descriptive Statistic, Source: Author Generated

Parameter	Smokers	Non-Smokers	Interpretation
Sperm Count	Lower	Higher	Reduced spermatogenesis
Motility	Reduced	Normal	Mitochondrial damage
Morphology	Abnormal	Normal	Structural defects
DFI	High	Low	Increased DNA damage

Table 5: Comparison of Smokers vs Non-Smokers, Source: Author Generated

Analysis	Result	Interpretation
Pearson Correlation	Positive ($p < 0.01$)	Smoking $\uparrow \rightarrow$ DFI $\uparrow$
ANOVA	Significant ($p < 0.05$)	Group differences exist
Regression	Significant predictor	Smoking independently affects DFI

Table 6: Correlation and Regression Summary, Source: Author Generated

6. Discussion

This study presents strong evidence linking cigarette smoking to negative effects on standard semen parameters and molecular markers used to assess sperm quality through DNA damage tests. The results show that smokers have lower sperm counts, along with reduced motility and abnormal sperm shape. This supports previous research that has found a connection between smoking and problems with sperm production. However, the study uses the DNA fragmentation index (DFI) which provides better information about spermatozoa genetic integrity than standard testing methods.

Smokers exhibit significantly elevated DFI levels which supports the theory that smoking leads to molecular damage according to both statistical evidence and clinical research. The evidence for smoking causation became stronger because the study showed a direct link between smoking exposure at different levels (pack-years) and DNA fragmentation. The study shows that persistent heavy smoking over extended time periods leads to human DNA destruction. Researchers need to understand how cigarette smoke leads to increased infertility risk because this connection shows how smoking damages reproductive abilities of affected individuals.

The main way that smoke causes DNA damage in sperm through its oxidative stress effects. Cigarette smoking releases reactive oxygen species (ROS) that exceed antioxidant power and cause protein and lipid and DNA destruction. Sperm cells experience this type of harm because they lack sufficient antioxidants and they do not possess any DNA repair mechanisms. Mitochondrial failure plays a crucial role because it decreases ATP production while it increases ROS output, which leads to oxidative damage through a self-perpetuating cycle.

The study results match previous research findings from other studies although the two studies show differences because they used different research designs and different measurement techniques. The study used molecular markers to establish a new diagnostic method that solves a crucial infertility diagnosis gap. High DNA fragmentation in actual situations leads to poor fertilization outcomes and decreased embryo quality and

increased miscarriage risk. The results demonstrate a requirement for more complete diagnostic testing methods.

7. Conclusion

Research shows that smoking cigarettes significantly harms male reproductive health, particularly by affecting semen quality and the integrity of sperm DNA. While standard semen parameters can indicate reproductive problems, the DNA fragmentation index, used in molecular testing, provides a better assessment of a woman's ability to get pregnant.

The results demonstrate a direct connection between smoking and DNA damage which develops through multiple stages. The process of oxidative stress occurs when reactive oxygen species and mitochondrial dysfunction lead to cellular damage. The study's findings underscore the necessity of incorporating molecular testing into routine fertility evaluations, as per established medical guidelines. To improve reproductive health outcomes, public health campaigns should prioritize smoking cessation. Furthermore, the research suggests that healthcare providers should formulate holistic strategies for addressing male infertility, integrating lifestyle adjustments with sophisticated diagnostic methodologies.

8. Limitations and Future Scope

The cross-sectional research design creates barriers to establishing cause-and-effect relationships because remaining confounding factors will continue to exist after researchers make their required adjustments. The methods used to measure DNA breakage create differences that affect study comparability. Future research needs to examine longitudinal studies together with standardized DFI protocols and intervention-based methods to determine whether smoking cessation can restore sperm DNA damage.

Reference

1. Barratt, C. L., Björndahl, L., De Jonge, C. J., Lamb, D. J., Osorio Martini, F., McLachlan, R., & Tournaye, H. (2017). The diagnosis of male infertility: An analysis of the evidence to support the development of global WHO guidance—Challenges and future research opportunities. *Human Reproduction Update*, 23(6), 660–680.
2. O'Donnell, L., Stanton, P., & de Kretser, D. M. (2015). Endocrinology of the male reproductive system and spermatogenesis. *Endotext*.
3. Leke, R. J., Oduma, J. A., Bassol-Mayagoitia, S., Bacha, A. M., & Grigor, K. M. (1993). Regional and geographical variations in infertility: Effects of environmental, cultural, and socioeconomic factors. *Environmental Health Perspectives*, 101(Suppl 2), 73–80.
4. Selvam, M. K. P., & Agarwal, A. (2018). A systematic review on sperm DNA fragmentation in male factor infertility: Laboratory assessment. *Arab Journal of Urology*, 16(1), 65–76.
5. Osadchuk, L., Kleshchev, M., & Osadchuk, A. (2023). Effects of cigarette smoking on semen quality, reproductive hormone levels, metabolic profile, zinc and sperm DNA fragmentation in men. *Frontiers in Endocrinology*, 14, 1255304.
6. Valavanidis, A., Vlachogianni, T., & Fiotakis, K. (2009). Tobacco smoke: Involvement of reactive oxygen species and stable free radicals in mechanisms of oxidative damage. *International Journal of Environmental Research and Public Health*, 6(2), 445–462.
7. Houda, A., Michael, J. P., Romeo, M., & Eid, H. M. (2022). Smoking and its consequences on male and female reproductive health. In *Studies in Family Planning*. IntechOpen.

8. Simon, L., Emery, B., & Carrell, D. T. (2019). Sperm DNA fragmentation: Consequences for reproduction. In *Genetic Damage in Human Spermatozoa* (pp. 87–105). Springer.
9. Carusillo, A., & Mussolino, C. (2020). DNA damage: From threat to treatment. *Cells*, 9(7), 1665.
10. Esteves, S. C., Zini, A., Coward, R. M., Evenson, D. P., Gosálvez, J., Lewis, S. E., & Humaidan, P. (2021). Sperm DNA fragmentation testing: Summary evidence and clinical practice recommendations. *Andrologia*, 53(2), e13874.
11. Wyrobek, A. J. (1993). Methods and concepts in detecting abnormal reproductive outcomes of paternal origin. *Reproductive Toxicology*, 7, 3–16.
12. Muratori, M., Marchiani, S., Tamburrino, L., & Baldi, E. (2019). Sperm DNA fragmentation: Mechanisms of origin. In *Genetic Damage in Human Spermatozoa*. Springer.
13. Pasupathi, P., Saravanan, G., & Farook, J. (2009). Oxidative stress biomarkers and antioxidant status in cigarette smokers compared to nonsmokers. *Journal of Pharmaceutical Sciences and Research*, 1(3), 55–62.
14. González-Marín, C., Gosálvez, J., & Roy, R. (2012). Types, causes, detection and repair of DNA fragmentation in human sperm cells. *International Journal of Molecular Sciences*, 13(11), 14026–14052.
15. Sakkas, D., & Alvarez, J. G. (2010). Sperm DNA fragmentation: Mechanisms of origin, impact on reproductive outcome, and analysis. *Fertility and Sterility*, 93(4), 1027–1036.

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