

1 **ORIGINAL ARTICLE**

2  
3 **Primary infertility of male and female factors, polycystic ovary syndrome and**  
4 **oligoasthenoteratozoospermia dominate the infertile population in agricultural and**  
5 **industrial areas in Karawang Regency, West Java Province, Indonesia**

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30  
31 **ABSTRACT**  
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33 **Introduction:** Indonesia is a country with a large agricultural and industry, known to  
34 utilize various types of pesticides, as well as several other industries with uncontrolled  
35 pollution levels distributed across the nation. Besides, numerous studies have stated the  
36 adverse effects of chemicals substances used in daily life and industrial waste on the health  
37 of living things, including humans. This study aimed to determine the infertility  
38 characteristic in the agricultural and industrial areas in Karawang Regency, West Java  
39 Province, Indonesia.

40 **Methods:** The study was conducted retrospectively on medical records. Therefore, this  
41 study determined the infertility characteristics based on sperm analysis, the etiology of the  
42 causes of infertility in female, and the diagnosis of infertility. Data collection was obtained  
43 from patients' medical records in the Infertile Poly of Mitra Bunda Amanda Hospital  
44 Karawang, Karawang Regency, West Java Province, Indonesia.

45 **Result:** The results showed infertility was most prevalent in males aged 30-40 years  
46 (55.79%) and females below 30 years (61.05%). Furthermore, the male and female's most  
47 prevalent educational qualification (33.68% and 36.84%, respectively) was discovered to  
48 be high school diploma. In terms of occupation, most male (56.84%) were laborers, while  
49 the female was mostly housewives (36.84%). Meanwhile, oligoasthenoteratozoospermia  
50 was the most analyzed sperm type (33.68%), and polycystic ovary syndrome was the most  
51 common etiology of infertility in females (26.32%). The most prevalent diagnosis was  
52 primary infertility factors, male and female (45.26%).

53 **Conclusion:** Primary infertility of male and female factors, polycystic ovary syndrome and  
54 oligoasthenoteratozoospermia dominate the infertile population in agricultural and  
55 industrial areas in Karawang Regency, West Java Province, Indonesia.

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57 **Keywords:** pollutants, sperm analysis, infertility, oligoasthenoteratozoospermia,  
58 polycystic ovary syndrome.  
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## INTRODUCTION

Pollutants are harmful to human health and damage the environment. Pollutants in the human environment have various effects that are detrimental to health to cause disease.<sup>1</sup> The character of disease risk due to exposure to multi-pollutants can be determined using an "environmental risk score".<sup>2</sup> Environmental pollutants with estrogenic effects generally have biological effects in women, as pollutants with anti-androgenic effects that affect male fertility.<sup>3</sup>

Pollutants from agricultural and industrial activities can pollute the air, water and soil. Of course, pollutants can move places. Pollutants in the air can move to water and land or vice versa. Directly or indirectly, pollutants can cause human health problems. Air pollution can occur because it contains particles with aerodynamic diameters below 10 and 2.5  $\mu\text{m}$  (PM10 and PM2.5). Apart from that, it can also contain NO, NO<sub>2</sub>, NO<sub>x</sub> and SO<sub>2</sub>. It has been proven that air pollutants cause endocrine disorders and hormonal disturbances. Women exposed to high concentrations of air pollutants, namely PM 2.5, NO, NO<sub>2</sub>, NO<sub>x</sub> and SO<sub>2</sub>, have a high risk of developing polycystic ovary syndrome.<sup>4</sup> Besides that, it has been shown that particles less than 0.3  $\mu\text{m}$  in diameter can dominate the acute effects of particulate air pollution resulting in cardiac autonomic dysfunction.<sup>5</sup>

Furthermore, it was reported that PM interferes with energy metabolism, thereby disrupting the endocrine glands and becoming a risk for cardiovascular disease.<sup>6</sup> In this regard, we have reported a case of aortic enlargement on the cadaveric heart and great vessel dimensions.<sup>7</sup> Because that, studies are still needed on the effect of pollutants on aortic enlargement. That is important because cardiovascular disease as a risk factor has been shown to have a strong correlation with a history of infertility in women of childbearing age and menopause.<sup>8</sup> Moreover, chemicals used in the textile industry are believed to produce persistent organic pollutants (POPs). These chemicals include dichlorodiphenyltrichloroethane (DDT), dichlorodiphenyldichloroethylene (p,p'-DDE) and polychlorinated biphenyls (PCBs). POP is a stable lipophilic compound found in the environment. These pollutants are difficult to break down, insoluble in water, and accumulate in the human body. Furthermore, pollutants in the body can cause human health problems.<sup>9</sup> How are people living in agricultural and industrial areas exposed to pollutants?.

93 Of course, people living in the area are exposed to various pollutants from agricultural  
94 and industrial activities. One proof that agricultural and industrial activities in Karawang  
95 Regency, West Java Province, Indonesia, impact the environment can be seen in the water  
96 quality of the Citarum river. The Citarum River is a large and long river in West Java that  
97 crosses Karawang Regency. It has been reported that the water in the Citarum river is of  
98 poor quality, making it unsuitable for drinking. This fact illustrates that the water in the  
99 Citarum river contains high pollutants.<sup>10</sup> It should be noted that 18 sub-districts in  
100 Karawang Regency are crossed by the downstream segment of the Citarum River.  
101 Furthermore, it is shown that the high pollutant load of COD, BOD, phosphate and nitrate  
102 in the downstream section of the Citarum river. The high pollutant load found in the  
103 Citarum river downstream is caused by excess waste from domestic, agricultural and  
104 industrial activities.<sup>11</sup>

105 Epidemiological studies show that pollutants affect animal and human life. It has been  
106 shown that air pollution plays a role in infertility. Factory waste is a disruptive endocrine  
107 hormone able to damage the body's endocrine system through various mechanisms.<sup>12</sup>  
108 Moreover that pollutants disrupt spermatogenesis, leading to decreased reproductive  
109 capacity in exposed populations.<sup>13</sup> The results of previous studies show the effect of  
110 environmental lead pollution on blood lead and sex hormone levels in the electronic waste  
111 disposal area.<sup>14</sup> Previous studies have also shown that pollution affects chromosomes,  
112 thereby affecting infertility and sex hormone levels.<sup>15</sup> Infertility is still a problem for many  
113 married couples. It was also stated that the average age of childbearing in women was  
114 increasing.<sup>16</sup> Moreover that infertility in Indonesia occurs in about 10-15% of couples of  
115 childbearing age.<sup>17</sup>

116 Based on the researchers' data, it is necessary to conduct a study on the characteristics  
117 of infertile communities living in agricultural and industrial areas. The purpose of this  
118 study was to determine the characteristics of infertility in agricultural and industrial areas.  
119 The infertility characteristics include the results of sperm analysis, the etiology of the  
120 causes of infertility in females, and the diagnosis of infertility in the agricultural and  
121 industrial areas in Karawang Regency, West Java Province, Indonesia.

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125 **METHODS**

126 This research is a retrospective study with descriptive analysis. This research is  
127 part of a research project on infertility characteristics in agricultural and industrial areas in  
128 Karawang Regency, West Java Province, Indonesia, in 2015-2020.

129 The research material is secondary data obtained from the medical records of  
130 patients. The study was conducted from June to November 2019 in the Infertile Poly of  
131 RSIA Mitra Bunda Amanda Karawang, Karawang Regency, West Java Province,  
132 Indonesia. Collection of medical record data used from January 1<sup>st</sup> to December 31<sup>st</sup>, 2015.  
133 The individuals whose data were used in this study all live in Karawang Regency, West  
134 Java, Indonesia.

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136 **RESULTS**

137 **Table 1.** Age distribution of Research Subjects

Age	N (190 Subjects)	%
Male	95	
<30 years	35	36.84%
30–40 years	53	55.79%
>40 years	7	7.37%
Female	95	
<30 years	58	61.05%
30–40 years	35	36.84%
>40 years	2	2.11%

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139 Based on the Table 1, showed infertility was most prevalent in males between 30 and  
140 40 years (55.79%), followed by the age group below 30 years (36.84%) and above 40 years  
141 (7.37%). Meanwhile, in the female, infertility was most prevalent in the age group below  
142 30 years (61.05%), followed by female aged 30-40 years (36.84%), and above 40 years  
143 (2.11%).

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145 **Table 2.** Educational qualification of Research Subjects

Age	N (190 Subjects)	%
Male	95	
Junior High School	20	21.05%
High School	32	33.68%
Academy	25	26.32%
Bachelor	18	18.95%
Female	95	
Junior High School	30	31.58%
High School	35	36.84%
Academy	22	23.16%
Bachelor	8	8.42%

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147         According to Table 2, the most common educational qualification possessed by male  
 148 education is high school diploma (33.68%), followed by the academy (26.32%), junior  
 149 high school (21.05%), and bachelor (18.95%) degrees. Similarly, the most prevalent  
 150 educational qualification possessed by the female was high school diploma (36.84%),  
 151 followed by junior high school (31.58%), academy (23.16%), and bachelor (8.42%)  
 152 degrees.

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154 **Table 3.** Characteristics of Research Subjects Based on Occupation

Age	N (190 Subjects)	%
Male	95	
Laborer	21	22.11%
Factory Employees	54	56.84%
Entrepreneur	28	29.47%
Civil servants	12	12.63%
Female	95	
Laborer	12	12.63%

Factory Employees	22	23.16%
Entrepreneur	18	18.95%
Civil servants	12	12.63%
Housewife	35	36.84%

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156 Based on Table 3, infertility was discovered to be most prevalent in factory  
 157 employees (56.84%), followed by entrepreneurs (29.47%), laborers (22.11%), and civil  
 158 servant males (12.63%) in terms of occupation. Meanwhile, in the female, infertility cases  
 159 were most prevalent in housewives (36.84%), followed by factory employees (23.16%),  
 160 laborers (12.63%), and civil servants (12.63%).

161 **Table 4.** Infertility diagnosis based on the research Subjects

<b>Diagnosis</b>	<b>(N=95 couples)</b>	<b>%</b>
Primary Infertility ex Male Factor	30	31.58%
Primary Infertility of Male and Female Factors	43	45.26%
Primary Infertility ex Female factor	18	18.95%
Secondary Infertility	4	4.21%

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163 Based on Table 6 shows the most common infertility diagnosis was primary  
 164 infertility male and female factor (45.26%), followed by primary infertility ex male factor  
 165 (31.58%), primary infertility ex female factor (18.95%), and secondary infertility (4.21%).

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167 **Table 5.** The Etiology of Infertility in the Female Research Subjects

<b>Etiology</b>	<b>N (95 Subjects)</b>	<b>%</b>
Tubal Factor	19	20.0%
PCOS	25	26.32%
Myoma	16	16.84%
Endometriosis	20	21.05%
Ovulation	15	15.79%

168 Abbreviations: PCOS=polycystic ovary syndrome

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170 According to Table 5, the etiology of infertility in females was discovered to be  
 171 majorly due to polycystic ovary syndrome (PCOS), 26.32%, followed by endometriosis  
 172 21.05%, tubal factors 20.0%, myoma 16.84%, and ovulation 15.79%.

173 Based on Table 6 shows that oligoasthenoteratozoospermia being the most prevalent  
 174 sperm type (33.68%), followed by oligoteratozoospermia (23.16%), oligoasthenospermia  
 175 (21.05%), teratospermia (7.37%), oligospermia (6.32%), normospermia (4.23%), and  
 176 asthenospermia (4.23%).

177 **Table 6.** Sperm Analysis of Research Subjects

Age	N (95 Subjects)	%
Normospermia	4	4.21%
Oligospermia	6	6.32%
Asthenospermia	4	4.21%
Teratospermia	7	7.37%
Oligoasthenospermia	20	21.05%
Oligoteratozoospermia	22	23.16%
Oligoasthenoteratozoospermia	32	33.68%

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180 **DISCUSSION**

181 This study showed that infertility is most prevalent in males between 30 and 40 years  
 182 (55.79) and females below 30 years (61.05%). Ordinarily, these age groups ought to be  
 183 rather reproductive. However, on the contrary, these are the groups with the most infertility  
 184 problems. Meanwhile, the highest educational qualification possessed by the male and  
 185 female is High School diploma (33.68% and 36.84%, respectively). That is a possible early  
 186 indication of the factories' harmful impact in work environments and around residences. It  
 187 has been reported that demographic factors such as gender, education, income and  
 188 geographic location influence the prevalence of infertility in infertile Chinese men and  
 189 women.<sup>18</sup> Besides, the general levels of education, knowledge, and socioeconomic  
 190 development within the region are currently low. Consequently, many people are ignorant  
 191 or forced to live near factories and to utilize polluted water sources. In terms of occupation,  
 192 the males were mostly laborers (56.84%), while the female was mostly housewives



193 (36.84%). The occupation of laborers is a possible cause of infertility, especially in  
194 exposure to heat and direct contact with heat sources, often encountered in the manufacture  
195 of the metal rim, tires, steel plates, zinc, machine operators, motorcycle body frames,  
196 forklifts, and other products. This exposure of male reproductive organs to heat is possibly  
197 associated with reduction in sperm quality. That can occur because high temperatures  
198 cause an increase in testicular metabolism so that sperm is damaged.<sup>19</sup>

199 Pollution has detrimental effects on health, not only by direct inhalation of pollutants  
200 but also through other means of exposure, including ingesting contaminated water or skin  
201 contact. One easy example is carbon monoxide as a pollutant from industrial activities. In  
202 humans, carbon monoxide poisoning affects the cardiovascular, neurological, and affective  
203 systems.<sup>20</sup> The most common health effects are respiratory infections. However, pollutants  
204 affect all body systems, including reproduction. The exact pathophysiology of the pollutant  
205 effect on ovaries is not currently known. However, pollutants bind to hemoglobin during  
206 blood circulation and cause toxicity upon entering body organs.<sup>21</sup> We already know that  
207 agricultural and industrial activities produce pollutants as a by-product. Therefore the  
208 negative effects of pollutants on the population must be avoided. Also, the government has  
209 long-established technical guidelines for industrial estates (*Pedoman Teknis Kawasan*  
210 *Industri*).<sup>22</sup>

211 Based on the diagnosis of infertility, this study showed that the main factor of male  
212 and female infertility has the biggest role compared with the other factors (Table 4). We  
213 already know that various hormones play a role in the reproductive process, including  
214 gonadotrophin-releasing hormone (GnRH), follicle-stimulating hormone (FSH), luteinizing  
215 hormone (LH), estrogen, progesterone, testosterone, and inhibin. It has been proven that  
216 estrogen plays a role in the reproductive system of women and men. Apart from that,  
217 estrogen also plays a role in the neuroendocrine, skeletal, vascular and immune systems.  
218 Therefore, estrogen has implications for infertility and other diseases.<sup>23</sup> Therefore,  
219 exogenous estrogenic compounds have the potential to interfere with the reproductive  
220 system. In this regard, the effects of diethylstilbestrol (DES) and methoxychlor (MXC)  
221 have been investigated on female rhesus monkeys' peripubertal period. These studies'  
222 results indicate that DES had a striking effect on adolescent maturation, and MXC also  
223 altered development during this period. The pattern of effects across agents and doses may  
224 be based on specifics of estrogenic action.<sup>24</sup> On the other hand, it has also been proven that

225 xenoestrogen is involved in the decrease in the number and quality of human sperm,  
226 consequently contributing to a decrease in fertility and decline in the proportion of male  
227 births. Xenoestrogens have also been shown to increase the occurrence of abnormalities in  
228 the male reproductive tract. Moreover, it has also been shown that xenoestrogens play a  
229 role in increasing spontaneous abortion.<sup>25</sup>

230 It has been stated that primary infertility is associated with protein that binds with sex  
231 hormones. In humans, some proteins bind with sex hormones in the circulatory system and  
232 the testes. The protein that binds with sex hormones in the circulating system is called sex  
233 hormone-binding globulin (SHBG). Proteins that bind to sex hormones in the testes are  
234 called androgen binding proteins (ABP). SHBG in the circulatory system has a function to  
235 bind sex steroid hormones and mediate the work of these hormones to target cells outside  
236 the testes, while ABP functions to mediate the action of sex steroid hormones in the  
237 testes.<sup>26</sup> It is shown that the distribution of SHBG concentrations is broad-based on age and  
238 body mass index (BMI) values in primary infertile men. From these two variables, it turns  
239 out that the relationship between BMI and a decrease in SHBG levels is stronger than the  
240 relationship between age and increased levels of SHBG.<sup>27</sup> The other study showed that the  
241 levels of SHBG, total testosterone, free testosterone and percent of free testosterone have a  
242 negative correlation with age, but the insulin and free testosterone index do not correlate  
243 with age. The decrease in SHBG levels per decade in healthy Indonesian men was 8.19%,  
244 while the decrease of total testosterone levels per decade in healthy Indonesian men was  
245 9.8%.<sup>28</sup> The results of previous studies show that low total testosterone levels can increase  
246 fasting blood glucose levels in adult men, but SHBG levels do not predict fasting blood  
247 glucose levels.<sup>29</sup> Although it has been stated that SHBG levels are influenced by many  
248 factors, including genetic factors such as the genetic polymorphism of SHBG.<sup>29</sup>

249 Research has been carried out concerning primary infertility to reduce SHBG levels  
250 in postmenopausal women, namely by isoflavone supplementation.<sup>31</sup> We recommend that  
251 this method be implemented in women of childbearing age to increase fertility. Also,  
252 women of childbearing age in industrial areas also need special attention to BMI,  
253 especially those less than 18.5 kg/m<sup>2</sup>. We recommend that women of childbearing age in  
254 these areas have a normal BMI. We need to present this matter because our results show  
255 that women of reproductive age with a BMI <18.5 kg/m<sup>2</sup> and having a heterozygous  
256 variant SHBG genotype (W/v) is undernutrition. Moreover, it has also been shown that

257 women of childbearing age with a BMI <18.5 kg/m<sup>2</sup> and having the heterozygous variant  
258 SHBG genotype (W/v) have lower protein, fat and carbohydrate intake.<sup>32</sup> It has been stated  
259 that gene mutations cause abnormalities in protein metabolism in cells. Disorders of  
260 protein metabolism in cells cause various forms of organ abnormalities, resulting in  
261 congenital abnormalities<sup>30</sup> and morphological variations.<sup>31</sup> Therefore, it is necessary to  
262 improve nutrition for reproductive women in agricultural and industrial areas such as in  
263 Karawang Regency, West Java Province, Indonesia.

264 Various natural ingredients can be used as a source of protein. Proteins that are  
265 sourced from natural materials can be developed to meet protein intake. Moreover, it has  
266 also been shown that proteins from natural ingredients contain several enzymes with the  
267 potential for therapy.<sup>35</sup> All the above studies' results that reveal the role of SHBG in both  
268 men's and women's reproductive systems clarify the relationship between SHBG and  
269 primary infertility. Apart from hormones and SHBG, which can affect primary infertility, it  
270 is necessary to discuss pollutants that affect populations in agricultural and industrial areas.

271 Based on the etiology of infertility in female subjects, this study indicates that PCOS  
272 ranks top, which is 26.32% of the total subjects. PCOS is potentially valuable indicators of  
273 cultural, environmental, and genetic factors that may contribute to excess risk in certain  
274 world regions. It has been proven that the prevalence of PCOS is determined by region and  
275 race/ethnicity.<sup>32</sup> The results of a study in the US showed that the prevalence of PCOS in  
276 the southern region was 47.5%, in the central region at 23.0%, while in the western region  
277 it was 18.7% and in the northeast region 10.3%.<sup>33</sup> Also, it has also been stated that genetic  
278 and environmental (lifestyle) factors are associated with the pathophysiology of PCOS  
279 after prenatal exposure to androgens.<sup>34</sup> Moreover, environmental toxins, dietary diet,  
280 obesity, and geographical variations are associated with PCOS.<sup>35</sup> Besides these pollutants,  
281 bisphenol A {2, 2,-bis (4-hydroxyphenyl) propane=BPA)} is made by combining acetone  
282 and phenol. BPA is used in food packaging and in general as an industrial ingredient. BPA  
283 exposure to humans can be through inhalation, skin and digestive tract. BPA has weak  
284 estrogenic, anti-androgenic, and antithyroid activity, although it can accumulate in various  
285 human body tissues. It has been reported that BPA affects metabolism and the reproductive  
286 system in humans. It is more detailed than BPA decreases male and female fertility.<sup>36</sup> In  
287 more detail, it shows the impact of 2,2-bis 4-hydroxyphenyl propane (BPA) as a water and  
288 soil pollutant with PCOS incidence.<sup>37</sup> The results of previous studies showed that the

289 women with PCOS had higher blood levels of BPA than the control group.<sup>38</sup> With the high  
290 percentage of primary infertility in this study, research on various pollutants in agricultural  
291 and industrial areas in Karawang Regency, West Java Province, Indonesia, should be  
292 conducted.

293 Oligoasthenoteratozoospermia in this study reached 33.68% of the population (N=95  
294 subjects). The results of this study are different from study results in India. A study in India  
295 showed that 3.8% of 105 men with fertility problems experienced  
296 oligoasthenoteratozoospermia.<sup>39</sup> We suspect that the high prevalence of  
297 oligoasthenoteratozoospermia in the group of infertile men in this study is related to  
298 environmental pollutants. It has been explained previously that high pollutant loads are  
299 found in the downstream part of the Citarum river, which crosses the Karawang Regency.  
300 Our statement follows the research results, which state a significant positive correlation  
301 between seminal total PCB level and the percentage of single-stranded DNA in sperm.<sup>9</sup>

302

### 303 **CONCLUSION**

304 Primary infertility of male and female factors, polycystic ovary syndrome and  
305 oligoasthenoteratozoospermia dominate the population in agricultural and industrial areas  
306 in Karawang Regency, West Java Province, Indonesia. Therefore, it requires supervision  
307 and protection from the government, society, factory owners, and related health workers.  
308 This study is intended to overcome the impact of pollutants that threaten residents who live  
309 and work in agricultural and industrial areas in Karawang district, West Java Province,  
310 Indonesia. Of course, this is also applied in the other agricultural and industrial areas in  
311 Indonesia.

312

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317

### 318 **CONFLICTS OF INTEREST**

319 The authors declare that they have no competing interests.

320

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323

324 **AUTHORS CONTRIBUTIONS**

325 Conceptualization: AG, RW, DD. Data acquisition: AG, DD, HGW and DK. Data analysis  
326 or interpretation: AG, RW, HJE, HGW, DK and DT. Drafting of the manuscript: AG, RW  
327 and EP. Critical revision of the manuscript: DD, HJE, HGW and DT. Approval of the final  
328 version of the manuscript: all authors.

329

330 **ETHICS APPROVAL AND CONSENT TO PARTICIPATE**

331 Not applicable.

332

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472  
473



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## Accepted with Revision (BaliMedJ) Primary infertility of husband and wife factors, polycystic ovary syndrome and oligoasthenoteratozoospermia dominate the infertile population in agricultural and industrial areas in Karawang Regency, West Java Province, Indonesia

34 pesan

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Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>  
Kepada: ML EDY Parwanto <edy.parwanto@gmail.com>

30 Januari 2021 pukul 14.20

Dear Authors,

Thank you for submitting your article entitled: "**Primary infertility of husband and wife factors, polycystic ovary syndrome and oligoasthenoteratozoospermia dominate the infertile population in agricultural and industrial areas in Karawang Regency, West Java Province, Indonesia**"

Based on our author guidelines, Your article fulfilled the minimal required structure,  
<https://balimedicaljournal.org/index.php/bmj/pages/view/authorguidelines>

In order to have a better-structured article, we suggest you edit based on a checklist, the simplest way, you may use the Publons review checklist.

According to the new International regulation, please input your detail in the article:

1. Ethical clearance number. (Send a Copy) If your work is a review, please fill out the ICJME for that can be found on author guidelines.
2. Please state your conflict of interest in the paper. (Confirmed)
3. Please state the funding (if any) in your paper. (Confirmed)
4. Please state each author's contribution. (Confirmed)

I also need to comment on your English academic writing, make sure to take your time, and avoid little mistyping, since we found more than **227 critical grammar errors**.

If you want us to fix this for you, we will charge an extra **200 USD** for proofreading and editing (by native English Medical Speaker).

Thank you for trusting us with your hard work

Best regards

**Bali Medical Journal (BaliMedJ)**

**P-ISSN:** 2089-1180

**E-ISSN** 2302-2914

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effect of paroxetine on patients receiving a cardiac autonomic dysfunction? Furthermore, it was reported that PM (paroxetine) with weight gain (1000g) benefits decreasing the autonomic glands and increasing a risk for cardiovascular disease? In this regard, we have reported a case of acute autonomic dysfunction, heart rate and blood pressure abnormalities. These data studies are still needed on the effect of paroxetine on some situations. Can it improve heart rate variability disorder as a risk factor for heart disease to have a strong correlation with a history of abnormality in terms of abnormality and will development? Moreover, literature that we frequently read in the article autonomic are related to cardiac paroxylal organophosphate (PPO). There literature include dihydrochloride (DCL), dihydrochloride (DCL), and paroxetine (DCL) and paroxetine (DCL). PPO is a stable lipophilic compound found in the nervous system. Can paroxetine be effective in treating PM (paroxetine) in terms of autonomic dysfunction in the nervous system? Furthermore, autonomic dysfunction in the body can cause heart



Edy Parwanto 2021.jpg  
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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

30 Januari 2021 pukul 16.05

Thank you for your information.

[Kutipan teks disembunyikan]

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

31 Januari 2021 pukul 08.29

Dear Editor,  
Here we will send the ICMJE form.  
Thank you for the good cooperation.  
Best regards,  
Parwanto MLE

[Kutipan teks disembunyikan]



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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

31 Januari 2021 pukul 08.43

Dear Editor,  
Here we will send the ICMJE form.  
Thank you for the good cooperation.  
Best regards,  
Parwanto MLE

[Kutipan teks disembunyikan]



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**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
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1 Februari 2021 pukul 16.06

Dear Author

Thank you for the ICJME form, after having a discussion based on our initial review, and adding some comment from our associate editor,  
we decided to accept your article with some revisions required. To continue to the peer review process, please confirm that you have paid the article processing charge.  
A separate email has been sent with the payment details.  
Or you can simply click: <https://www.paypal.com/invoice/p/#L4XN3K287L8MSQDQ>

Thank you  
Best regards

[Kutipan teks disembunyikan]

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[Kutipan teks disembunyikan]

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>

1 Februari 2021 pukul 19.31

Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

Yes, I agree

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**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
Kepada: MAURITIUS LAMBERTUS EDY PARWANTO <edy.parwanto@gmail.com>

4 Februari 2021 pukul 02.17

Dear Author

Thank you for your confirmation, please follow the payment link in a separate email that has been sent with the payment details. Or you can simply click: <https://www.paypal.com/invoice/p/#L4XN3K287L8MSQDQ>

Thank you  
Best regards

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**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
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8 Februari 2021 pukul 15.29

Reminder

[Kutipan teks disembunyikan]

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

9 Februari 2021 pukul 10.17

Dear editor,  
Thank you for reminding us.  
We're taking care administration at our institution.  
Thank you,  
Best regards,

[Kutipan teks disembunyikan]

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**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
Kepada: MAURITIUS LAMBERTUS EDY PARWANTO <edy.parwanto@gmail.com>

11 Februari 2021 pukul 13.18

Automatic Reply:  
Updated Title  
Updated Invoice: <https://www.paypal.com/invoice/p/#GCPBWDMD87K3PPS>

Thank you

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

11 Februari 2021 pukul 13.45

Thank you!

[Kutipan teks disembunyikan]

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Assangga Guyansyah <assaggaguyansyah@trisakti.ac.id>  
Cc: Assangga Guyansyah <assangga\_ag@yahoo.com>

11 Februari 2021 pukul 13.46

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

19 Februari 2021 pukul 18.53

Dear editor,  
The following updated invoices are not for us: <https://www.paypal.com/invoice/p/#GCPBWDMDUD87K3PPS>.  
Please verify.  
Thank you,  
Greetings,  
Parwanto MLE  
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**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
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19 Februari 2021 pukul 19.00

Dear Author

We are terribly sorry for the technical issue,  
The correct billing is still the old link: <https://www.paypal.com/invoice/p/#L4XN3K287L8MSQDQ>

Thank you for trusting us with your hard work  
Best regards

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

19 Februari 2021 pukul 19.28

No problem, thank you!  
[Kutipan teks disembunyikan]

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**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
Kepada: MAURITIUS LAMBERTUS EDY PARWANTO <edy.parwanto@gmail.com>

23 Februari 2021 pukul 10.02


Dear Author

We have received your payment, please keep this pdf as legal payment documentation.  
Your manuscript is now currently being processed by our reviewer and editor.  
Please patiently wait until we send you the revised version of your manuscript.

Do inform us if you need the letter of acceptance prior to the publication.  
Thank you for trusting us with your hard works.  
Best regards

[Kutipan teks disembunyikan]

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

23 Februari 2021 pukul 10.23

Dear Editor,  
Thank you for the information.  
I need a letter of acceptance.

Thank you,  
Best regards,  
Parwanto, MLE

[Kutipan teks disembunyikan]

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**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
Kepada: MAURITIUS LAMBERTUS EDY PARWANTO <edy.parwanto@gmail.com>

24 Februari 2021 pukul 18.03

Automatic Reply: Letter of Acceptance

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

24 Februari 2021 pukul 19.34

Dear Editor,

I have received the LOA for our manuscript, but the title of the manuscript is wrong (confused with the script we haven't revised).


Please change the title in the LOA according to the text we have revised. The titles that we have revised are: Primary infertility of male and female factors, polycystic ovary syndrome and oligoasthenoteratozoospermia dominate the infertile population in agricultural and industrial areas in Karawang Regency, West Java Province, Indonesia (our revised manuscript attached).

Thank you,  
Best regards,  
Parwanto, MLE

[Kutipan teks disembunyikan]

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### 3 lampiran

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Kepada: MAURITIUS LAMBERTUS EDY PARWANTO <edy.parwanto@gmail.com>

24 Februari 2021 pukul 21.11

Dear authors,

We had received your revision and had been under the editing process. We will inform you soon about the future progress of your manuscript.

Best regards,

Editorial Board Member

[Kutipan teks disembunyikan]

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**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
Kepada: MAURITIUS LAMBERTUS EDY PARWANTO <edy.parwanto@gmail.com>

25 Februari 2021 pukul 08.00

Dear Author


We are terribly sorry for the technical issue, your manuscript title has been updated on our system, but the Letter of Acceptance is still written with the old title. Hereby we resend to you the revised Letter of Acceptance.

Thank you for trusting us with your hard works

Best regards

[Kutipan teks disembunyikan]

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

25 Februari 2021 pukul 08.32

Thank you for your information.

[Kutipan teks disembunyikan]

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

15 Maret 2021 pukul 20.27

Dear Editor,

Previously I apologized for the inconvenience.

Please allow me to change the author's name from:

Mauritius Lmabertus Edy Parwanto  
Becomes  
Edy Parwanto (manuscript attached).

There is no change other than the change in the author's name above.

This is necessary to synchronize data at our institution.  
Thank you.  
Greetings,  
Edy Parwanto,

[Kutipan teks disembunyikan]

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**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
Kepada: MAURITIUS LAMBERTUS EDY PARWANTO <edy.parwanto@gmail.com>

16 Maret 2021 pukul 08.50

Dear author,

Thank you for your confirmation. We will change the author's name becomes Edy Parwanto. If there is anything to change more, please do not hesitate to contact us. Thank you.

Warm regards,

Editorial Board Member

[Kutipan teks disembunyikan]

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

16 Maret 2021 pukul 08.53

Thank you for your understanding.  
Edy Parwanto

[Kutipan teks disembunyikan]

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**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
Kepada: MAURITIUS LAMBERTUS EDY PARWANTO <edy.parwanto@gmail.com>


17 Maret 2021 pukul 08.22

Automatic Reply: **Letter of Acceptance (Revision)**

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**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

17 Maret 2021 pukul 08.28

Well received with thanks.

[Kutipan teks disembunyikan]

---

**MAURITIUS LAMBERTUS EDY PARWANTO** <edy.parwanto@gmail.com>  
Kepada: Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>

9 April 2021 pukul 20.10

Dear Editor,

Previously I apologized for the inconvenience.

Please allow me to change the author's name from:

Mauritius Lmabertus Edy Parwanto  
Becomes  
Edy Parwanto (manuscript attached).

This is necessary to synchronize data at our institution.

In addition, we are also waiting for our manuscript to be published in Bali Med J in the issue of Vol. 10 Number 1, 2021. After that, we will immediately order the hard copy of the journal.

Thank you.  
Greetings,  
Edy Parwanto,

[Kutipan teks disembunyikan]

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**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
Kepada: MAURITIUS LAMBERTUS EDY PARWANTO <edy.parwanto@gmail.com>

13 April 2021 pukul 12.36

Dear author,

Thank you for your confirmation. We will change the author's name becomes Edy Parwanto. If there is anything to change more, please do not hesitate to contact us. Your manuscript has been reviewing and editing process. We will notify you of further progress. Thank you.

Warm regards,

Editorial Board Member

[Kutipan teks disembunyikan]

---

**Editor Bali Medical Journal** <editorbalimedicaljournal@gmail.com>  
Kepada: MAURITIUS LAMBERTUS EDY PARWANTO <edy.parwanto@gmail.com>

16 April 2021 pukul 09.48

Dear Author(s),


Attached are the plagiarism report (13%) and the commentary file of your submitted article: Primary infertility of male and female factors, polycystic ovary syndrome, and oligoasthenoteratozoospermia dominate the infertile population in agricultural and industrial areas in Karawang Regency. The commentary file is a summary of the reviews of your manuscript. There were several revisions suggested by our reviewer. Therefore, several necessary changes will be made. Our editor has fixed all sections in your manuscript according to the reviewer's suggestion. We gladly said your manuscript was appropriate for publication. We attached the final manuscript file. We hope you check again your final manuscript before we continue the galley approval process. Please let us know if you agree to publish your final manuscript. If you have any fixation, please send us the final version immediately.


Warm Regards,  
Editorial Board Member

[Kutipan teks disembunyikan]

---

### 3 lampiran

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16 April 2021 pukul 14.10

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Best regards,  
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22 April 2021 pukul 07.26

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Dear Editor,

Greetings healthy,

Please inform us if our manuscript entitled "Primary infertility of male and female factors, polycystic ovary syndrome and oligoasthenoteratozoospermia dominate the infertile population in agricultural and industrial areas in Karawang Regency, West Java Province, Indonesia" has been published.

Thank you.

Best regards,

Edy Parwanto

[Kutipan teks disembunyikan]

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**Accepted with Revision (BaliMedJ) Primary infertility of husband and wife factors, polycystic ovary syndrome and oligoasthenoteratozoospermia dominate the infertile population in agricultural and industrial areas in Karawang Regency, West Java Province, Indonesia**

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16 April 2021 pukul 09.48

Kepada: MAURITIUS LAMBERTUS EDY PARWANTO <edy.parwanto@gmail.com>




Dear Author(s),

Attached are the plagiarism report (13%) and the commentary file of your submitted article: Primary infertility of male and female factors, polycystic ovary syndrome, and oligoasthenoteratozoospermia dominate the infertile population in agricultural and industrial areas in Karawang Regency. The commentary file is a summary of the reviews of your manuscript. There were several revisions suggested by our reviewer. Therefore, several necessary changes will be made. Our editor has fixed all sections in your manuscript according to the reviewer's suggestion. We gladly said your manuscript was appropriate for publication. We attached the final manuscript file. We hope you check again your final manuscript before we continue the galley approval process. Please let us know if you agree to publish your final manuscript. If you have any fixation, please send us the final version immediately.

Warm Regards,  
Editorial Board Member  
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**Commentary**

Dear Sir/Madam,

Here are some commentaries to the manuscript entitled **“Primary infertility of male and female factors, polycystic ovary syndrome and oligoasthenoteratozoospermia dominate the infertile population in agricultural and industrial areas in Karawang Regency, West Java Province, Indonesia”**.

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4 Februari 2021 pukul 02.17

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## Letter of Acceptance

24 February 2021

**Dear: Assangga Guyansyah<sup>1</sup>, Raditya Wratsangka<sup>1</sup>, Denny Dhanardono<sup>1</sup>,  
Muhammad Farid Ghazali<sup>2</sup>, Hosea Jaya Edy<sup>3</sup>, Haryo Ganeca Widyatama<sup>4</sup>,  
Dietha Kusumaningrum<sup>5</sup>, David Tjahyadi<sup>6</sup>, Mauritius Lambertus Edy Parwanto<sup>7\*</sup>**

<sup>1</sup>Department of Obstetrics and Gynecology, Faculty of Medicine, Universitas Trisakti, Indonesia

<sup>2</sup>Policlinic of Infertile, Mitra Bunda Amanda Karawang, Karawang Regency, West Java, Indonesia

<sup>3</sup>Study Program of Pharmacy, Faculty of Math and Natural Sciences,  
Universitas Sam Ratulangi, Indonesia

<sup>4</sup>Medical doctor of Bhakti Mandala Clinic, Tangerang Regency, Banten, Indonesia

<sup>5</sup>Medical doctor of Batari Husada Clinic, Duren Sawit, East Jakarta,  
Special Capital Region of Jakarta, Indonesia

<sup>6</sup>Department of Histology, Faculty of Medicine, Universitas Trisakti, Indonesia

<sup>7</sup>Department of Biology, Faculty of Medicine, Universitas Trisakti, Indonesia

\*Corresponding author: edyparwanto@trisakti.ac.id

I am very excited to accept your paper entitled:

**“Primary infertility of husband and wife factors, polycystic ovary syndrome, and oligoasthenoteratozoospermia.”**

Your paper will be published in the issue of Vol. 10 Number 1, 2021.

<http://dx.doi.org/10.15562/bmj.v10i1.2281>

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