

GEORGIAN MEDICAL NEWS

ISSN 1512-0112

№ 11 (308) Ноябрь 2020

ТБИЛИСИ - NEW YORK



ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии
საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

No 11 (308) 2020

Published in cooperation with and under the patronage
of the Tbilisi State Medical University

Издается в сотрудничестве и под патронажем
Тбилисского государственного медицинского университета

გამოიცემა თბილისის სახელმწიფო სამედიცინო უნივერსიტეტთან
თანამშრომლობითა და მისი პატრონაჟით

ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ
ТБИЛИСИ - НЬЮ-ЙОРК

GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board and The International Academy of Sciences, Education, Industry and Arts (U.S.A.) since 1994. **GMN** carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией и Международной академией наук, образования, искусств и естествознания (IASEIA) США с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения.

Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებშიდან.

МЕДИЦИНСКИЕ НОВОСТИ ГРУЗИИ

Ежемесячный совместный грузино-американский научный электронно-печатный журнал
Агентства медицинской информации Ассоциации деловой прессы Грузии,
Академии медицинских наук Грузии, Международной академии наук, индустрии,
образования и искусств США.
Издается с 1994 г., распространяется в СНГ, ЕС и США

ГЛАВНЫЙ РЕДАКТОР

Николай Пирцхалаишвили

НАУЧНЫЙ РЕДАКТОР

Елене Гиоргадзе

ЗАМЕСТИТЕЛЬ ГЛАВНОГО РЕДАКТОРА

Нино Микаберидзе

НАУЧНО-РЕДАКЦИОННЫЙ СОВЕТ

Зураб Вадачкориа - председатель Научно-редакционного совета

Михаил Бахмутский (США), Александр Геннинг (Германия), Амиран Гамкрелидзе (Грузия),
Константин Кипиани (Грузия), Георгий Камкамидзе (Грузия),
Паата Куртанидзе (Грузия), Вахтанг Масхулия (Грузия),
Тенгиз Ризнис (США), Реваз Сепиашвили (Грузия), Дэвид Элуа (США)

НАУЧНО-РЕДАКЦИОННАЯ КОЛЛЕГИЯ

Константин Кипиани - председатель Научно-редакционной коллегии

Архимандрит Адам - Вахтанг Ахаладзе, Амиран Антадзе, Нелли Антелава, Тенгиз Асатиани,
Гия Берадзе, Рима Бериашвили, Лео Бокерия, Отар Герзмава, Лиана Гогиашвили, Нодар Гогешашвили,
Николай Гонгадзе, Лия Дваладзе, Манана Жвания, Тамар Зерекидзе, Ирина Квачадзе,
Нана Квирквелия, Зураб Кеванишвили, Гурам Кикнадзе, Димитрий Кордзаиа, Теймураз Лежава,
Нодар Ломидзе, Джанлуиджи Мелотти, Марина Мамаладзе, Караман Пагава,
Мамука Пирцхалаишвили, Анна Рехвиашвили, Мака Сологашвили, Рамаз Хецуриани,
Рудольф Хохенфеллнер, Кахабер Челидзе, Тинатин Чиковани, Арчил Чхотуа,
Рамаз Шенгелия, Кетеван Эбралидзе

Website:

www.geomednews.org

The International Academy of Sciences, Education, Industry & Arts. P.O.Box 390177,
Mountain View, CA, 94039-0177, USA. Tel/Fax: (650) 967-4733

Версия: печатная. **Цена:** свободная.

Условия подписки: подписка принимается на 6 и 12 месяцев.

По вопросам подписки обращаться по тел.: 293 66 78.

Контактный адрес: Грузия, 0177, Тбилиси, ул. Асатиани 7, IV этаж, комната 408
тел.: 995(32) 254 24 91, 5(55) 75 65 99

Fax: +995(32) 253 70 58, e-mail: ninomikaber@geomednews.com; nikopir@geomednews.com

По вопросам размещения рекламы обращаться по тел.: 5(99) 97 95 93

© 2001. Ассоциация деловой прессы Грузии

© 2001. The International Academy of Sciences,
Education, Industry & Arts (USA)

GEORGIAN MEDICAL NEWS

Monthly Georgia-US joint scientific journal published both in electronic and paper formats of the Agency of Medical Information of the Georgian Association of Business Press; Georgian Academy of Medical Sciences; International Academy of Sciences, Education, Industry and Arts (USA).

Published since 1994. Distributed in NIS, EU and USA.

EDITOR IN CHIEF

Nicholas Pirtskhalaishvili

SCIENTIFIC EDITOR

Elene Giorgadze

DEPUTY CHIEF EDITOR

Nino Mikaberidze

SCIENTIFIC EDITORIAL COUNCIL

Zurab Vadachkoria - Head of Editorial council

Michael Bakhmutsky (USA), Alexander Gënning (Germany),

Amiran Gamkrelidze (Georgia), David Elua (USA),

Konstantin Kipiani (Georgia), Giorgi Kamkamidze (Georgia), Paata Kurtanidze (Georgia),

Vakhtang Maskhulia (Georgia), Tengiz Riznis (USA), Revaz Sepiashvili (Georgia)

SCIENTIFIC EDITORIAL BOARD

Konstantin Kipiani - Head of Editorial board

Archimandrite Adam - Vakhtang Akhaladze, Amiran Antadze, Nelly Antelava,

Tengiz Asatiani, Gia Beradze, Rima Beriashvili, Leo Bokeria, Kakhaber Chelidze,

Tinatin Chikovani, Archil Chkhotua, Lia Dvaladze, Ketevan Ebralidze, Otar Gerzmava,

Liana Gogiashvili, Nodar Gogebashvili, Nicholas Gongadze, Rudolf Hohenfellner,

Zurab Kevanishvili, Ramaz Khetsuriani, Guram Kiknadze, Dimitri Kordzaia, Irina Kvachadze,

Nana Kvirvelia, Teymuraz Lezhava, Nodar Lomidze, Marina Mamaladze, Gianluigi Melotti,

Kharaman Pagava, Mamuka Pirtskhalaishvili, Anna Rekhviashvili, Maka Sologhashvili,

Ramaz Shengelia, Tamar Zerekidze, Manana Zhvania

CONTACT ADDRESS IN TBILISI

GMN Editorial Board

7 Asatiani Street, 4th Floor

Tbilisi, Georgia 0177

Phone: 995 (32) 254-24-91

995 (32) 253-70-58

Fax: 995 (32) 253-70-58

CONTACT ADDRESS IN NEW YORK

NINITEX INTERNATIONAL, INC.

3 PINE DRIVE SOUTH

ROSLYN, NY 11576 U.S.A.

WEBSITE

www.geomednews.org

Phone: +1 (917) 327-7732

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и http://www.nlm.nih.gov/bsd/uniform_requirements.html В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - **12** (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned
Requirements are not Assigned to be Reviewed.**

ავტორთა საქურაღებოლ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დაიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

Содержание:

Kurashvili R., Giorgadze E., Metreveli D., Gordeladze M., Brezhneva E. RESOLUTION OF NATIONAL ADVISORY BOARD «THE PLACE OF ADVANCED INSULIN THERAPY IN GEORGIA».....	7
Kaniyev Sh., Vaimakhanov Zh., Doskhanov M., Kausova G., Vaimakhanov B. RECENT TREATMENT RESULTS OF LIVER ECHINOCOCCOSIS BY PAIR METHOD (PUNCTURE, ASPIRATION, INJECTION, REASPIRATION).....	11
Бондарев Г.Г., Голук Е.Л., Даровский А.С., Сауленко К.А., Гайдай Е.С. АНАЛИЗ ФУНКЦИОНАЛЬНЫХ РЕЗУЛЬТАТОВ ПРИМЕНЕНИЯ L-PRP У ПАЦИЕНТОВ С ПОВРЕЖДЕНИЯМИ МЕНИСКА КОЛЕННОГО СУСТАВА.....	14
Kvaratskhelia N., Tkeshelashvili V. IMPACT OF BIOMEDICAL AND BEHAVIORAL FACTORS ON PRETERM BIRTH	19
Кучеренко О.Н., Чайка Г.В., Костюк А.Л., Сторожук М.С., Костюк И.Ю. ВОЗРАСТНЫЕ АСПЕКТЫ РАЗВИТИЯ АНОМАЛЬНЫХ МАТОЧНЫХ КРОВОТЕЧЕНИЙ У ДЕВУШЕК РАЗНЫХ СОМАТОТИПОВ.....	25
Дынный В.А., Дынный А.А., Гавенко А.А., Верхошанова О.Г. ФИЗИЧЕСКОЕ РАЗВИТИЕ КАК ЗАЛОГ УСПЕШНОГО ФОРМИРОВАНИЯ РЕПРОДУКТИВНОГО ПОТЕНЦИАЛА	32
Bezshapochnyy S., Podovzhnii O., Polianska V., Zachepylo S., Fedorchenko V. OPPORTUNITIES AND PROSPECTS OF MICROBIOLOGICAL DIAGNOSIS OF ENT MYCOSIS (REVIEW).....	36
Shkorbotun Y. EVALUATION OF THE UKRAINIAN VERSION OF SNOT-22 QUESTIONNAIRE VALIDITY FOR ASSESSING THE QUALITY OF LIFE IN PATIENTS WITH CHRONIC RHINOSINUSITIS AND NASAL SEPTUM DEVIATION	43
Вакалюк И.И., Вирстюк Н.Г., Вакалюк И.П. ПРОГНОСТИЧЕСКАЯ ОЦЕНКА СОЧЕТАННОГО ТЕЧЕНИЯ СТАБИЛЬНОЙ ИШЕМИЧЕСКОЙ БОЛЕЗНИ СЕРДЦА И НЕАЛКОГОЛЬНОГО СТЕАТОГЕПАТИТА У БОЛЬНЫХ ПОСЛЕ РЕВАСКУЛЯРИЗАЦИОННЫХ ВМЕШАТЕЛЬСТВ.....	47
Gulatava N., Tabagari N., Talakvadze T., Nadareishvili I., Tabagari S. DEMOGRAPHIC AND CLINICAL FACTORS ASSOCIATED WITH INCREASED IL-6 LEVELS IN AMBULATORY PATIENTS WITH CHRONIC HEART FAILURE	52
Kostenchak-Svystak O., Nemesh M., Palamarchuk O., Feketa V., Vasylynets M. THE INFLUENCE OF BODY COMPOSITION ON THE STATE OF THE CARDIOVASCULAR SYSTEM IN WOMEN.....	58
Усыченко Е.Н., Усыченко Е.М. МОДЕЛЬ ПРОГНОЗИРОВАНИЯ ПРОГРЕССА ФИБРОЗА ПЕЧЕНИ НА ОСНОВАНИИ БИОХИМИЧЕСКИХ И ГЕНЕТИЧЕСКИХ КРИТЕРИЕВ У БОЛЬНЫХ ХРОНИЧЕСКИМ ГЕПАТИТОМ С.....	63
Gordienko L. PREVENTIVE MEASURES FOR ARTERIAL HYPERTENSION RISK FACTORS AMONG MEDICAL STAFF OF FEOFANIYA CLINICAL HOSPITAL OF STATE MANAGEMENT DEPARTMENT.....	67
Nezgoda I., Moroz L., Singh Sh., Singh O. MODERN APPROACHES IN MANAGEMENT OF CHILDREN WITH CHRONIC HEPATITIS B IN REMISSION OF ACUTE LYMPHOBLASTIC LEUKEMIA	71
Сыздыкова М.М., Моренко М.А., Гатауова М.Р., Темирханова Р.Б., Шнайдер К.В. РОЛЬ ФЕКАЛЬНЫХ ЛЕТУЧИХ ОРГАНИЧЕСКИХ СОЕДИНЕНИЙ В ДИАГНОСТИКЕ БРОНХОЛЕГОЧНОЙ ДИСПЛАЗИИ.....	80
Ostrianko V., Yakubova I., Buchinskaya T., Volkova S., Tsypan S., Skrypnuk Y. SYSTEMATIZATION OF STAINED DENTAL PLAQUE IN CHILDREN	85
Явич П.А., Кахетелидзе М.Б., Чурадзе Л.И., Габелая М.А. ИСПОЛЬЗОВАНИЕ ЛЕЧЕБНОЙ ГРЯЗИ АХТАЛА В КОСМЕТИКЕ И КОСМЕЦЕВТИКЕ.....	92

Mchedlidze K., Shalashvili K., Aneli J. MICROSTRUCTURAL CHARACTERISTICS OF RHODODENDRON PONTICUM L. LEAVES	98
Opanasenko D., Krychevska O., Kuryk O., Zakhartseva L., Rudnytska O. MORPHOLOGICAL DIAGNOSIS OF PANCREATIC NEUROENDOCRINE TUMORS (REVIEW AND CASE REPORT).....	101
Лазарев И.А., Проценко В.В., Бурьянов А.А., Черный В.С., Абудейх У.Н., Солоницын Е.А. ЭКСПЕРИМЕНТАЛЬНОЕ ИССЛЕДОВАНИЕ ПРОЧНОСТНЫХ И МОРФОЛОГИЧЕСКИХ ХАРАКТЕРИСТИК СИСТЕМЫ КОСТЬ-ФИКСАТОР ПРИ НАПЫЛЕНИИ ПОВЕРХНОСТИ ИМПЛАНТАТА МАТЕРИАЛОМ НА ОСНОВЕ БИОАКТИВНОГО СТЕКЛА И ГИДРОКСИАПАТИТА	110
Tsertsvadze T.Sh., Mitskevich N., Datikashvili-David I., Ghirdaladze D., Porakishvili N. ATTACHMENT OF CHRONIC LYMPHOCYTIC LEUKAEMIA CELLS BY AUTOLOGOUS POLYMORPHONUCLEAR NEUTROPHILS MEDIATED BY BISPECIFIC ANTI-CD19/CD64 ANTIBODY.....	118
Сорока Ю.В., Андрейчук И.Я., Лихацкий П.Г., Фира Л.С., Лисничук Н.Е. НАРУШЕНИЕ ПРООКСИДАНТНО-АНТИОКСИДАНТНОГО БАЛАНСА В ТКАНИ СЕЛЕЗЕНКИ В УСЛОВИЯХ ЭКСПЕРИМЕНТАЛЬНОГО КАНЦЕРОГЕНЕЗА	123
Kakabadze E., Grdzelishvili N., Sanikidze L., Makalatia Kh., Chanishvili N. REVIVAL OF MICROBIAL THERAPEUTICS, WITH EMPHASIS ON PROBIOTIC LACTOBACILLUS (REVIEW).....	129
Kassymov K., Myssayev A., Tlemissov A., Zhunussov Y., Zhanaspaev M. TRANS-ILIAC DYNAMIC NAIL FOR MINIMALLY INVASIVE FIXATION OF THE POSTERIOR PELVIC RING INJURY: A BIOMECHANICAL STUDY.....	135
Alibegashvili M., Loladze M., Gabisonia T., Gabisonia G., Tsitsishvili D. HYALURONIDASE OINTMENT IN TREATMENT OF HYPERTROPHIC SCARS	140
Agladze D., Iordanishvili S., Margvelashvili L., Kldiashvili E., Kvividze O. PREVALENCE OF PAH MUTATIONS IN GEORGIAN PKU PATIENTS COMPARED TO MOST FREQUENT PAH MUTATIONS IN EUROPEAN POPULATIONS.....	143
Аширбеков Г.К. НЕЙРО-ГУМОРАЛЬНЫЕ НАРУШЕНИЯ СИСТЕМЫ АДАПТАЦИИ ПРИ ВОЗДЕЙСТВИИ НЕКОТОРЫХ КЛАССОВ ПЕСТИЦИДОВ.....	149
Цигенгагель О.П., Глушкова Н.Е., Самарова У.С., Бегимбетова Г.А., Хисметова З.А. РАСПРОСТРАНЕННОСТЬ И УПРАВЛЕНИЕ МЕДИЦИНСКИМИ ОШИБКАМИ (ОБЗОР).....	155
Сергеев О. COMPULSORY LICENSING IN CONTEXT OF THE COVID-19 PANDEMIC AS A TOOL FOR ENSURING THE BALANCE BETWEEN RIGHTS-HOLDERS' AND SOCIETY'S INTERESTS.....	160
Kalibekova G., Rakhypbekov T., Nurbakyt A., Semenova Y., Glushkova N. PERINATAL CARE INDICATORS IN ALMATY, KAZAKHSTAN FOR 2013-2017: A CROSS-SECTIONAL STUDY.....	165
Pkhakadze I., Ekaladze E., Jugheli K., Abashishvili L. TOPICAL ISSUES OF COPD MANAGEMENT IN GEORGIA.....	171
Гиляка О.С., Мерник А.М., Ярошенко О.М., Гнатенко К.В., Слюсар А.М. ПРАВО НА ЭВТАНАЗИЮ КАК ПРАВО ЧЕЛОВЕКА ЧЕТВЕРТОГО ПОКОЛЕНИЯ	175
Балюк В.Н., Гринько Л.П., Домашенко А.М., Остапенко Ю.И., Задыхайло Д.Д. ОТДЕЛЬНЫЕ ПРАВОВЫЕ И МЕДИКО-СОЦИАЛЬНЫЕ АСПЕКТЫ ПОСМЕРТНОЙ ТРАНСПЛАНТАЦИИ В УКРАИНЕ.....	180
Дидковская Г.В., Коваленко В.В., Фиалка М.И., Самотиевич В.А., Сабадаш И.В. ПРЕДОТВРАЩЕНИЕ КОРРУПЦИОННЫХ ПРАВОНАРУШЕНИЙ В СФЕРЕ ЗДРАВООХРАНЕНИЯ: ОПЫТ УКРАИНЫ И ГРУЗИИ	185
Gerbut V., Karabin T., Lazur Y., Mendzhul M., Vashkovich V. CONVERSION THERAPY BANS IN NATIONAL LEGISLATIONS AROUND THE GLOBE.....	192

CONVERSION THERAPY BANS IN NATIONAL LEGISLATIONS AROUND THE GLOBE

Gerbut V., Karabin T., Lazur Y., Mendzhul M., Vashkovich V.

Uzhgorod National University, Ukraine

Conversion therapy (sometimes called reparative therapy, healing therapy, ex-gay therapy, or gender identity change efforts) defines as any treatment aimed at changing a person's sexual orientation or gender identity. The use of conversion therapy stems from the unwarranted and unethical assumption that non-heterosexual orientation or transgender identity is a mental disorder, and therefore is a condition that requires treatment. Usually, such therapies can be a series of extremely harmful practices, such as spiritual interventions, talking therapies, drugs and, more rarely, extreme physical measures such as electric shock treatment, aversion techniques and "corrective rape". Moreover, in nowadays reality, it can even be an app offering a 60-day "gay cure", available on iTunes and Google Play as recently as 2013 [19].

The World Psychiatric Association emphasizes the potentially harmful nature of such treatment, since there is no sound scientific evidence that innate sexual orientation can be changed [73]. The Pan American Health Organization regional office of the World Health Organization complements that non-heterosexual orientation also cannot be considered a pathological condition, and therefore it requires no cure» [25]. These organizations are echoed by national psychiatric associations around the world, including the American Psychiatric Association [8], the Australian Psychological Society [9], the British Psychological Society [22], the Psychiatric and Medical Organizations of Canada, Norway, Chile, Brazil, India, Lebanon, Israel, South Africa, Spain, Ireland, and more.

In 2018, the European Parliament approved a resolution "welcoming initiatives prohibiting LGBTI "conversion therapies" and called on member states to outlaw such practices" [30].

The right to the highest attainable standard of physical and mental health and prohibition of any practice allowing intrusive and irreversible treatments on the basis of sexual orientation, gender identity, gender expression or sex characteristics is also fixed in The Yogyakarta Principles (Principle 17) and The Yogyakarta Principles +10 (Principle 10E) [71,72].

At the same time, practice has shown that conversion therapy continues to be applied to homosexuals and transgenders worldwide. According to the UCLA Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy, as of 2018, almost 700,000 lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) adults had received "conversion therapy" only in the USA; in addition, an estimated 57,000 youths will receive change efforts from religious or health care providers before they turn 18 years old [41].

In view of the above, the study of the existing legal prohibitions on conversion therapy in the legal systems of the countries of the world seems relevant and important.

Material and methods. The main results of the research carried out in the course of writing this article are based on the study of national normative sources of the world countries, courts' decisions and international legal documents, analytical and statistical materials, reports, as well as scientific legal and medical literature. The analysis made during the writing of this work was based on the application of a number of philosophical, general and special scientific research methods. The formal legal method was used in studying the texts of laws of the different

countries around the globe to determine the presence or absence of conversion therapy ban in a field of sexual orientation and gender identity of a person, as well as to establish the nature and limits of such restrictions. On the basis of the comparative legal method, the analysis of common and distinctive features between the existing legal norms relating to conversion therapy from different countries of the world was established, and also the most optimal ones were identified. The statistical method was used to extract data on the number of countries in different parts of the world with legislations that include the prohibition of conversion therapy, as well as the classification of such bans by territory and by nature. The application of the prediction method made it possible to draw conclusions about which should be the optimal content of conversion therapy legal ban, what mandatory points it should be characterized with in order to be effective and to meet the latest international standards in the field of the right to sexual orientation and gender identity.

Results and discussions. As of early 2020, only a handful of national laws prohibit conversion therapy among countries around the world. In conducting this study, it was considered appropriate to classify current legal prohibitions on conversion therapy by the criterion of the territory covered by such prohibition and by the nature of the prohibition itself.

Based on the territorial criteria:

nationwide ban;

separate territory of a country ban (territory ban).

Based on the character of the legal ban in force:

direct ban (refers to countries or parts of a country with direct mentioning of conversion therapy ban based on sexual orientation or/and gender identity or/and gender expression in their legislations);

non-direct ban (refers to countries or parts of a country with laws that prohibit financial support of such actions, or mental health diagnosing solely on the basis of sexual orientation or/and gender identity or/and gender expression, or contain general ban of harmful medical practices, but do not include direct sexual orientation and gender identity conversion therapy bans).

According to characteristics mentioned above, there are 14 countries identified among the United Nations Member States in general, and one more country out of the United Nations (Taiwan), more specifically is showed in Table 1 and 2.

Nationwide Ban of Conversion Therapy

Nationwide direct and non-direct bans of conversion therapies characterize **11 countries of the world: Argentina, Brazil, Ecuador, Fiji, Germany, Malta, Nauru, Samoa, Switzerland, Taiwan, Uruguay.**

Direct bans of conversion therapy can be found in laws of **Brazil, Ecuador, Germany, Malta and Taiwan.** Such prohibitions are targeted mostly on professionals (except Malta, where the ban spreads on professionals and non-professionals and Germany, where psychotherapeutic and pastoral conversions are prohibited) and varies from one country to another.

Argentina, Fiji, Nauru, Samoa, Switzerland, Uruguay are six countries with **non-direct bans** of conversion therapy. Legal rules of **Argentina, Fiji, Nauru, Samoa and Uruguay** provide prohibition of mental health diagnoses bases solely on sexual orientation, identity or preferences and gender identity

Table 1. Conversion therapy ban in force around the world

	Nationwide ban	Territory ban
Direct ban	5 countries (Brazil, Ecuador, Malta, Germany, Taiwan)	3 countries (Canada, Spain, USA)
Non-direct ban	6 countries (Argentina, Fiji, Nauru, Samoa, Switzerland, Uruguay)	1 country (Australia)

Table 2. Conversion therapy bans in force around the world

	General (15)	Nationwide direct ban (5)		Nationwide non-direct ban (6)		Territory direct ban (3)		Territory non-direct ban (1)	
AMERICAS	6	2	Brasil Ecuador	2	Argentina Uruguay	2	Canada USA	0	
ASIA	1	1	Taiwan	0		0		0	
EUROPE	4	2	Malta Germany	1	Switzerland	1	Spain	0	
OCEANIA	4	0		3	Fiji Nauru Samoa	0		1	Australia

for professionals. This law does not ban conversion therapies explicitly. However, prohibiting a diagnosis based exclusively on a person's sexual orientation prevents health professionals, in general, and psychiatrists, in particular, from legally engaging in sexual orientation change efforts.

Laws of Switzerland contain some restrictions, which results in de-facto conversion therapy ban. Thus, there is no rule that prohibits conversion therapy, but in practice, professionals can be brought to responsibility for such actions.

Nationwide direct ban of conversion therapy. In Brazil, Resolution 1/99, which was issued by the Federal Council of Psychology in 1999, prohibits pathologization of homoerotic behaviors and practices and orders all licensed psychologists to refrain from coercive or unsolicited treatment to homosexuals. It also prohibits their participation in events or services offering a "gay cure". In 2013, the Commission for Human Rights of Brazil's lower house of Congress approved a bill that would repeal Resolution 1/99. The proposal was later abandoned [1].

In addition, The Resolução CFP 01/2018 was adopted in 2018, setting standards for psychologists and psychiatrists in their work with transsexuals and transvestits, banning any kind of conversion therapy, including advertising it [25].

Brazilian case law also include few judgements, that shows negative attitude of the government regarding conversial therapies. Thus, in 2017, a federal judge first overruled then reaffirmed Resolution 1/99 in a case brought by an evangelical Christian psychologist whose licence was revoked in 2016 after she offered "conversion therapy" [29]. On 24 April 2019, a senior jurist of the Federal Supreme Court suspended a lower court's decision to allow psychologists to perform "conversion therapy". This suspension will remain valid until the matter is resolved by the Federal Supreme Court [34].

The national law of Ecuador was added with the Ministerial Order No. 767 in the year of 2012, Section 20(a) of which prohibits conversion therapies in rehabilitation institutions. Starting from 2014, Article 151(3) of the Penal Code has criminalized any act of torture (defined in broad terms) perpetrated with the intention of modifying a persons' sexual orientation [1].

Germany and Malta are two European countries that ban conversational therapy directly and nationwide.

The Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act was adopted in Malta in 2016. The foremen-

tioned Act (an act to prohibit conversion practices, as a deceptive and harmful act or practice against a person's sexual orientation, gender identity and, or gender expression, and to affirm such characteristics) prohibits the performance of conversion therapy both by professionals (Section 3(b)) and by non-professionals (Section 3(a)). See press release issues by the Ministry for Social Dialogue, Consumer Affairs and Civil Liberties [1].

Act protects vulnerable groups (underage, with mental disorder and some others) and conversion practices performed involuntary or forced. Bans advertising such practices and making a referral to any other person to perform conversion practices.

The legal ban on conversion therapy in Germany came into force last year. In particular, from December 2019, the guilty person may be imprisoned for a term of up to one year or fined EUR 30,000 for such actions. Authorities banned conversion therapy for both – minors (in any case) and adults (without their voluntary consent). In addition, the aforementioned law called illegal psychotherapeutic and pastoral conversations, but only if "the conversational partner purposefully tries to influence one's sexual orientation. The ban is expected to become effective mid-year 2020 [33].

Taiwan is the only non United Nations country where conversion therapy is prohibited at the legislative level. In February 2018 Ministry of Health and Welfare initiated a letter to ban conversion therapy based on sexual orientation and confirm its criminalization under the Penal Code of the Republic of China or the Protection of Children and Youths Welfare and Rights Act [70].

Nationwide non-direct ban. Mental Health Act of Samoa, enacted in 2007, proclaims in its Section 2, that a person is not to be considered mentally ill because they express or refuse or fail to express a particular sexual preference or sexual orientation [1].

Argentinian law includes similar rule, claiming that in any case, diagnosis in part of mental health cannot be done solely based on sexual preferences and sexual identity (2010, Law 26,657, Article 3-C) [28].

Government of Fiji in its Mental Health Degree of 2010 prohibits diagnosis of mental illness if 3.1 (g) (d) the person expresses or refuses or fails to express, or has expressed or has refused or failed to express, a particular sexual preference or sexual orientation [48].

Nauru's Mentally Disordered Persons Act was amended in 2016 to introduce Section 4A(1)(d) under which a person cannot be regarded as mentally disordered if they express, exhibits or refuses or fails to express a particular sexual preference or sexual orientation. While this does not explicitly prohibit the practice of “conversion therapy”, it prevents health professionals, particularly psychiatrists, from legally engaging in sexual orientation change efforts (SOCE) [60].

There cannot be any mental health diagnoses made on the exclusive basis of sexual orientation and gender identity, according to Mental Health Law of Uruguay, which was adopted in 2017 [42].

An interesting situation is inherent in the legislation of Switzerland. In Switzerland, practicing conversion therapies is unlawful for medical professionals. In 2016, The Swiss Federal Council explained in response to a parliamentary interpellation their negative position about conversion therapies, and stated that such actions would constitute a breach of professional duties on the part of any care professional undertaking them. Any care professional undertaking such therapies is liable to be sanctioned by the cantonal authorities, or constitute a criminal offense if determined by the criminal courts in the individual case, according to the Federal Council [57].

In other words, The Federal Council has stated its opposition to banning “conversion therapies” in Switzerland, under the pretence that existing legislation is sufficient to protect people from them [24].

Territory Ban of Conversion Therapy

Conversion therapy is prohibited in some *states and cities of Canada and USA, in few autonomies of Spain and in one state of Australia*. Canada, USA and Spain are the countries with direct conversion therapy bans, Australia – with non-direct.

Territory direct ban of conversion therapy. As for now, there are three provinces (Manitoba, Nova Scotia and Ontario) and two cities (Vancouver and St. Albert) of Canada, which have conversion therapy ban laws currently in force. Almost all of the prohibitions cover both – sexual orientation and gender identity and spread mostly on health care professionals (except Vancouver, where conversion therapy is prohibited for all the businesses, including religious groups). Legislations of Manitoba and Vancouver protect only minors, while Ontario and Nova Scotia prohibit such practices in relation to everyone [15,36,50, 53,64].

In USA there are 19 states, that prohibit conversion therapy or change efforts based on SO or SOGI: California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, Utah, Vermont, Washington. US legislation in this area is characterized by the fact, that such bans protect only minors and is directed strictly on professionals in the area of health. SO change efforts are also prohibited in District of Columbia and Puerto Rico. Conversion therapy bans are locally provided (by legislative statute) in some cities and counties of Arizona, Colorado, Florida, Michigan, Minnesota, Missouri, New York, Ohio, Pennsylvania, Washington, Wisconsin [2-7,13,14,20,23,46,51,52,55,56,63,66-69,74].

For the last four years four Spanish autonomies added local legislations with conversion therapy bans. These are: Andalusia, Valencia, Madrid and Murcia. Laws varies in mentioned territories – Murcia and Andalusia prohibits conversion therapy for professionals, Valencia and Madrid – for everyone, including religious groups. At the same time, all of these autonomies prohibit not only conversion, but also aversion therapy and legislation is aimed at protection of everybody [37-39].

Territory non-direct ban of conversion therapy. Territory non-direct ban of conversion therapy exists in the Australian state Victoria legislation. Thus, Health Complaints Act of 2016 prohibits any harmful medical practices in general, including conversion therapy as well. Due to this Act, Health Complaints Commissioner has the power to investigate and issue temporary or permanent bans on unregistered health providers, including those providing “conversion therapy” [31]. In May 2018, the state government also launched an inquiry into such practices [26].

In addition to the countries described above, the laws of which include legal direct or non-direct bans on conversion therapy, China, India and South Africa should be named as countries, where such practices were found unlawful according to case law [17,18,27,32]. In the context of the problem under study, the legislation of the Netherlands cannot be overlooked. Although it does not contain direct prohibitions on conversion therapy, organizations offering conversion therapy in the Netherlands are not eligible for subsidies [12]. And reparative therapy itself cannot be included in state health insurance since 2012 [59].

Additionally, bills on the prohibition of conversion therapy are under consideration in national parliaments in several countries, which are Australia, Canada, Chile, Ireland, Mexico, Poland, New Zealand, The United Kingdom [10,16,29,35,40,44, 47,54,61,62]. In Israel, the government tried to adopt law prohibiting conversion therapy directed on minors, but the attempt failed. In spite of this, the Israelian Medical Association has instituted medical license revocation for its domestic doctors who practice conversion therapy [58].

Notwithstanding the current legal and scientific global trends towards negative coverage of conversion therapy, it is worth noting that there are still countries where reparative practices remain legal and directly authorized by the state powers and doctors (Malaysia and Indonesia) [43,45,65].

Conclusions. Thus, studyings provided lead to the conclusion that the number of countries supplemented their legislation with bans on conversion therapy for sexual orientation and gender identity remains extremely low (15 countries) and makes up about 10% of the total quantity in the world states. At the same time, over the past five years, there has been an increase in national authorities activity on the explored issue, and at least six countries can be named, in which such bills are under consideration. It should also be noted that there are states where there is no statutory prohibition on conversion therapy, but where such ban can be followed in national courts decisions.

On the other hand, despite current national and international legal and scientific trends to criticize and prohibit conversion therapy, at least two countries not only allow conversion therapy but also promote it as an effective way to change a person's sexual orientation and gender identity.

Analysis of the national legal texts on the content allows to conclude that the nature of the conversion therapy ban differs from country to country. Against this background, it seems appropriate to express certain wishes that seem to be sufficient in making the above rules more effective and efficient in practice.

First of all, it is necessary to provide clear terminology and definition of conversion therapy. In laws of this kind around the world different terms are used: “conversional therapy”, “conversional practices”, “reparative therapy”, “change efforts” and some others, definitions of which varies as well. In Spain, for example, besides of conversion therapy, aversion therapy (designed to cause a patient to reduce or avoid an undesirable behaviour pattern by conditioning the person to associate the

behaviour with an undesirable stimulus. The chief stimulus used in the therapy are electrical, chemical, or imagined aversive situations [11]) is prohibited as well, while in some other countries they can be understood as synonyms or as one concept that covers another. The most commonly and often used is term “conversion therapy”. Accordingly, it should be named as the most opposite. In addition, the definition of conversion therapy should be as wide as possible and include any kind of relative actions and therapies (aversion therapy also). It is also important to note that in some cases, like in few of the US, the definition of sexual orientation covers gender identity meaning. Definitions of SO and GI must be clear and meet established standards. Furthermore, the most recent trends point out gender expression and sex characteristics, which should be defined in a bill as well.

Secondly, it is important for the legislator to keep in mind that LGBTI community rights relationships are a “moving target”, they are extremely progressive and rapidly developed. One of the most important thematic international document, The Yogyakarta Principles +10, expands the circle of features protected from “sexual orientation and gender identity” (SOGI) to “Sexual Orientation, Gender Identity and Expression and Sex Characteristics” (SOGIESC), which is being reflected gradually in other internationally recognized documents and the domestic law of some advanced countries. Despite of this, some of the conversion therapy bans contain prohibition of such actions based on SO and GI, SO or GI, SO, GI and GE. SC are mentioned directly in none of the legislations explored, but some of the Spanish autonomies have restrictions about the sex changing efforts for intersex children. That is why, predictably and far-signed is to ban conversion therapy based on SOGIESC.

Another factor that should be addressed is the range of persons covered by the conversion therapy ban. Statistically, the most common are conversion therapy bans for professionals – medical workers, psychologists and psychiatrists, often including social workers, less often – for professionals, who are working with kids, youth and families. There are also isolated cases of (a) uncertain number of people covered by such ban, so it concerns everybody or (b) other than professionals groups to be banned from conversion therapy, specifically, the religious groups. History of LGBTI-struggling, for the last thousand years contains indefinite number of conversion practices that in its overwhelming majority were initiated either by medicine science, or by religion. And in the light of modern scientific progress and “traditionality” of religion, conversion therapy is practiced more by believers, than by scientists. Hence, the most optimal way is to ban conversion therapies for unlimited range of people, or for health, social workers and youth and family professionals together with religious groups and organizations.

Another nuance that should be emphasized is the circle of persons whose rights are protected by the prohibition of conversion therapy. Some countries do not personify this category, thus leaving the widest range for protection. Others, like The USA, focus on prohibiting change efforts for minors. In such cases, one should take into account the practice of Nova Scotia and make a supplement, that “A parent, guardian, substitute decision-maker or representative decision-maker may not give consent on a person’s behalf to the provision of conversion therapy”. As for the adults, hardly speaking, it is each one’s personal deal, whether or not to harm himself. To deprive someone of this choice is a violation of the right to private life. At the same time, in case of conversion therapy, important is a condition of voluntary and informed consent. Therefore, the most effective solutions are to leave the circle

of protected persons uncertain, or a combination of ban for minors + consent for adult.

And finally, it should be mentioned that different national legislations include a variety of additional rules and prohibitions in conversion therapy ban laws. One of the most important and useful is considered to be the ban of advertising and disinformation in a field of sexual orientation and gender identity conversion therapy. The value of such rule and it’s topicality is highlighted by the rapid development of information communication technologies. In addition, prohibition for any person to remove a person to different state or part of a state for the purposes of conversion therapy is considerable. As for the ban of financial support or insurance cover of conversion therapy, in the foreseeability of all the above conditions, such prohibitions will be “a priori” predicted.

REFERENCES

1. Aengus Carrol and Lucas Ramon Mendos. State-Sponsored Homophobia. A world survey of sexual orientation laws: criminalization, protection and recognition. ILGA 2017; 12: 67–68
2. A Bill for an Act. S.B. No. 7270. State of Hawaii, 2017; https://www.capitol.hawaii.gov/session2018/bills/SB270_.HTM
3. An Act Concerning the Protection of Youth from Conversion Therapy. Public Act No. 17-5. Substitute House Bill No. 6695. State of Connecticut, 2017; <https://www.cga.ct.gov/2017/ACT/pa/2017PA-00005-R00HB-06695-PA.htm>
4. An Act Relating to Health and Safety. Department of Health. 2017 – H 5277 Substitute A. LC000556/SUB A; <http://webserv-er.rilin.state.ri.us/BillText17/HouseText17/H5277A.pdf>
5. An Act relating to health care professionals; prohibiting certain health care professionals from providing sexual orientation or gender identity conversion therapy to a minor; and providing other matters properly relating thereto. Senate Bill No. 201. State of Nevada, 2017; https://www.leg.state.nv.us/Session/79th2017/Bills/SB/SB201_EN.pdf
6. An Act Relative to Abusive Practices to Change Sexual Orientation and Gender Identity in Minors. Bill H.1190, 2017-2018; <https://malegislature.gov/Bills/190/h1190>
7. An Act to Amend Titles 24 and 29 of the Delaware Code Relating to Conversion Therapy. Senate Bill 65. 149 General Assembly, 2017-2018; <https://legis.delaware.gov/BillDetail?legislationId=25678>
8. APA Reiterates Strong Opposition to Conversion Therapy. American Psychiatric Association 2018; <https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy>
9. APS Position Statement on the use of psychological practices that attempt to change sexual orientation. Australian Psychological Society 2015; https://www.psychology.org.au/getmedia/95cfcca4-009c-4a75-a0e7-597d68e5a55c/Position_statement_on_psychological_practices_that_attempt_to_change_sexual_orientation_members.pdf
10. Arvin Joaquin. The Canadian government considers reforming the Criminal Code to ban conversion therapy. Xtra 12 July, 2019; <https://www.dailyxtra.com/the-canadian-government-considers-reforming-the-criminal-code-to-ban-conversion-therapy-159400>
11. Aversion therapy. Psychology. The editors of Encyclopaedia Britannica. <https://www.britannica.com/science/aversion-therapy>
12. Bart Dirks. Christelijke stichting verliest toch homo-subsidie. De Volkskrant (in Dutch) January 8, 2009; <https://www.volkskrant.nl/nieuws-achtergrond/christelijke-stichting-verli->

- est-toch-homo-subsidie~bd7f062f/?referer=https%3A%2F%2Fwww.google.com%2F
13. Bill HB0399 – Utah Legislature – 2019; <https://le.utah.gov/~2019/bills/static/HB0399.html>
 14. Bill Status 132 (Act 138), 2016; <https://legislature.vermont.gov/bill/status/2016/S.132>
 15. Canada: Province of Ontario to Ban “Conversion Therapy” for LGBT Children June 2015; <http://www.loc.gov/law/foreign-news/article/canada-province-of-ontario-to-ban-conversion-therapy-for-lgbt-children/>
 16. Carolina González, Paulina Larrondo, Rubén Alvarado. Improving the Public Mental Healthcare in Chile: Towards a Mental Health Law – World Federation for Mental Health. World Federation for Mental Health July 8, 2019; <https://wfmh.global/improving-the-public-mental-healthcare-in-chile-towards-a-mental-health-law/>
 17. China orders payout in ‘gay shock therapy’ case’. BBC News. December 19, 2014; <https://www.bbc.com/news/world-asia-china-30552144>
 18. Chinese man wins forced gay conversion therapy lawsuit. The Guardian. July 4, 2017; <https://www.theguardian.com/world/2017/jul/04/chinese-man-wins-forced-gay-conversion-therapy-lawsuit>
 19. Chitra Ramaswamy “I still have flashbacks’: the ‘global epidemic’ of LGBT conversion therapy” 2018; <https://www.theguardian.com/world/2018/aug/08/i-still-have-flashbacks-the-global-epidemic-of-lgbt-conversion-therapy>
 20. Conception De Leon. Governor of Puerto Rico Sighs Executive Order Banning “Conversion Therapy” for Minors. The New York Times. Morning Briefing. March 27, 2019; <https://www.nytimes.com/2019/03/27/us/puerto-rico-conversion-therapy.html>
 21. Conselho Federal de Psicologia. RESOLUÇÃO 2018; 1. <http://www.serdigital.com.br/gerenciador/clientes/crp/arquivos/388.pdf>
 22. Conversion therapy. Consensus statement. UK Council for Psychotherapy 2014; URL: https://web.archive.org/web/20170517093445/http://www.bps.org.uk/system/files/Public%20files/conversion_therapy_final_version.pdf
 23. Conversion Therapy for Minors Prohibition Amendment Act of 2013. In the Council of the District of Columbia. <http://lims.dccouncil.us/Download/29657/B20-0501-Introduction.pdf>
 24. Councillors, advocates criticise Swiss government’s refusal to ban «gay conversion therapy». The Local 2019; <https://www.thelocal.ch/20191004/councillors-advocates-criticise-swiss-governments-refusal-to-ban-homosexual-conversion-therapy>
 25. “Cures” for an Illness that Does Not Exist. Purported therapies aimed at changing sexual orientation lack medical justification and are ethically unacceptable. Pan American Health Organization. Regional Office of the World Health Organization 2012; <https://www.paho.org/hq/dmdocuments/2012/Conversion-Therapies-EN.pdf>
 26. Danny Tran. Gay conversion therapy to be investigated by Victoria’s health watchdog. ABC News. May 17, 2018; <https://www.abc.net.au/news/2018-05-17/gay-lesbian-conversion-therapy-police-survey/9768746>
 27. Delhi HC Summons Doctor Treating Homosexual Patients Using Electric Shocks. Outlook India. December 8, 2018; <https://www.outlookindia.com/website/story/delhi-hc-summons-doctor-treating-homosexual-patients-using-electric-shocks/321395>
 28. Derecho a la Protección de la Salud Mental. Disposiciones complementarias. Derógase la Ley N° 22.914. Law 26,657, Article 3-C. 2010; <http://servicios.infoleg.gob.ar/infolegInternet/anexos/175000-179999/175977/norma.htm>
 29. Don Philips. Brazilian judge approves ‘gay conversion therapy, sparking national outrage. The Guardian. September 19, 2017; <https://www.theguardian.com/world/2017/sep/19/brazilian-judge-approves-gay-conversion-therapy>
 30. European Parliament takes a stance against LGBTI conversion therapies for the first time. The European Parliament’s LGBTI Intergroup. 2018; URL: <https://lgbti-ep.eu/2018/03/01/european-parliament-takes-a-stance-against-lgbti-conversion-therapies-for-the-first-time/>
 31. Gay conversion therapy, fake doctors to be banned in Victoria. ABC News. February 9, 2016; URL: <https://mobile.abc.net.au/news/2016-02-09/government-to-ban-gay-conversion-therapy-health-providers/7151016?pfmredir=sm&pfm=sm>
 32. Rhuaridh Marr. Gay “cure” camp in South Africa guilty of murdering teen. Metro Weekly. February 27, 2015; <https://www.metroweekly.com/2015/02/gay-cure-camp-in-south-africa-guilty-of-murdering-teen/>
 33. Germany’s Cabinet approves ban on gay, transgender “conversion therapy”. DW December 18, 2019; <https://www.dw.com/en/germanys-cabinet-approves-ban-on-gay-transgender-conversion-therapy/a-51717750>
 34. Jack Arnhold. Brazilian Federal Supreme Court Jurist Carmen Lucia Suspends ‘Gay Cure’. The Rio Times 25 April 2019; <https://riotimesonline.com/brazil-news/rio-politics/brazilian-federal-supreme-court-jurist-carmen-lucia-suspends-gay-cure/>
 35. Katie Dangerfield. Petition to ban conversion therapy across Canada gains steam, survivor says it’s ‘long overdue’. Global News. 9 October, 2018; <https://globalnews.ca/news/4528618/petition-ban-conversion-therapy-canada/>
 36. Land Use Bylaw Amendment Re: Conversion Therapy. City of St. Albert Administrative Backgrounder 2019; <https://stalbert.ca.legistar.com/View.ashx?M=F&ID=24430&GUID=7C68EB0A-8B65-4240-9EA0-8ADB9BBAFDB7>
 37. De Protección Integral contra LGTB Ifobia y la Discriminación por Razón de Orientación e Identidad Sexual en la Comunidad de Madrid. Ley 2016; 3: <https://www.boe.es/buscar/pdf/2016/BOE-A-2016-11096-consolidado.pdf>
 38. La Comunidad Autonoma de la Region de Murcia. Ley 2016; 8: <https://www.borm.es/borm/documento?obj=anu&id=746646>
 39. De 7 de abril, integral del reconocimiento del derecho a la identidad y a la expresión de género en la Comunitat Valenciana. Ley 2017; 8: <https://www.boe.es/buscar/pdf/2017/BOE-A-2017-5118-consolidado.pdf>
 40. LGBT Action Plan. Improving the lives of lesbian, gay, bisexual and transgender people. Government Equality Office of The United Kingdom. July 2018; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf
 41. LGBTQ change efforts (so-called “conversion therapy”). Issue brief. American Medical Association 2019; <https://www.ama-assn.org/system/files/2019-12/conversion-therapy-issue-brief.pdf>
 42. Ley de Salud Mental, N° 19529. Normativa y Avisos Legales del Uruguay 2017; <https://www.impo.com.uy/bases/leyes/19529-2017>
 43. Liza Yosephine. Indonesian psychiatrists label LGBT as mental disorders. The Jakarta Post. 24 February 2016; <https://www.thejakartapost.com/news/2016/02/24/indonesian-psychiatrists-label-lgbt-mental-disorders.html>
 44. Lydia Smith. Poland moves step closer to banning gay conversion therapy. Pink News. February 22, 2019; <https://www.pinknews.co.uk/2019/02/22/poland-closer-ban-gay-conversion-therapy/>
 45. Malaysian transgender conversion plan sparks alarm. Malay Mail 30 December 2017; <https://www.malaymail.com/news/>

- malaysia/2017/12/30/malaysian-transgender-conversion-plan-sparks-alarm/1542943
46. Maryland Senate Bill 1028 (Prior Session Legislation), 2018; <https://legiscan.com/MD/bill/SB1028/2018>
47. Memorandum of Understanding on Conversion Therapy in the UK. Version 2. UK Council for Psychotherapy (web page) October 2017; <https://www.psychotherapy.org.uk/wp-content/uploads/2017/10/UKCP-Memorandum-of-Understanding-on-Conversion-Therapy-in-the-UK.pdf>
48. Mental Health Decree. Government of Fiji. Decree No. 54 of 2010; https://webcache.googleusercontent.com/search?q=cache:JKkmqbiLtvQJ:www.paclii.org/fj/promu/promu_dec/mhd2010141.rtf+&cd=1&hl=ru&ct=clnk&gl=ua
49. Minoletti A., Toro R., Alvarado R., Carniglia C., Guajardo A, Rayo X. Respeto a los derechos de las personas que se atienden en Servicios de Psiquiatría Ambulatoria en Chile. *Revista Médica de Chile* 2015; 143: 1585 – 1592. <https://researchers.unab.cl/es/publications/respeto-a-los-derechos-de-las-personas-que-se-atienden-en-servici>
50. Motion on Notice – Conversion Therapy. June 5, 2018; <https://council.vancouver.ca/20180605/documents/motionB3.pdf>
51. New Mexico Senate Bill 121 (Prior Session Legislation) 2017; <https://legiscan.com/NM/text/SB121/2017>
52. Prohibition Conversion Therapy for A Minor. HB19-1129. Colorado General Assembly. <https://leg.colorado.gov/bills/hb19-1129>
53. Position on Conversion Therapy. Health, Seniors and Active Living. Manitoba. https://www.gov.mb.ca/health/conversion_therapy.html
54. Prohibition of Conversion Therapies Bill, Ireland. 2018; <https://data.oireachtas.ie/ie/oireachtas/bill/2018/39/eng/initiated/b3918s.pdf>
55. Prohibition on practice of conversion therapy. Oregon Laws. 2017; <https://www.oregonlaws.org/ors/675.850>
56. Providing Conversion Therapy to Minors: Chapter 231. HP0640 LD 912. https://www.mainelegislature.org/legis/bills/bills_128th/billtexts/HP064002.asp
57. Quadranti Rosmarie, Interdiction et punissabilité des thérapies visant à “traiter” l’homosexualité chez des mineurs. Swiss Parliament. March 10, 2016; <https://www.parlament.ch/en/ratsbetrieb/suche-curia-vista/geschaef?AffairId=20163073>
58. Rachel Savage. Israeli doctors ban gay conversion therapy as risks ‘mental damage’. Thomas Reuters Foundation News. January 9, 2019; <https://www.reuters.com/article/us-israel-lgbt-health/israeli-doctors-ban-gay-conversion-therapy-as-risks-mental-damage-idUSKCN1P328E>
59. Robin de Wever. Alleen stoppen met vergoeding homotherapie is niet genoeg. *Trouw* (in Dutch) June 7, 2012. <https://www.trouw.nl/nieuws/alleen-stoppen-met-vergoeding-homotherapie-is-niet-genoege~b778a901/?referer=https%3A%2F%2Fwww.google.com%2F>
60. Royal Australian College of General Practitioners (RACGP) submission to Senate Standing Committees on Legal and Constitutional Affairs Inquiry. Royal Australian College of General Practitioners. 2015; http://ronlaw.gov.nz/nauru_lipms/files/acts/b937d6a5d8df0b4cc4058c0cde96e446.pdf
61. Sara Robson. Conversion therapy ban could be considered – Justice Minister. RNZ. 4 August, 2018; <https://www.rnz.co.nz/news/national/363321/conversion-therapy-ban-could-be-considered-justice-minister>
62. Senado va contra terapias para ‘curar’ homosexualidad. *Excelsior*. February 17, 2019; <https://www.excelsior.com.mx/nacional/senado-va-contra-terapias-para-curar-homosexualidad/1296924>
63. Senate Bill S1046. 2019-2020 Legislative Session. The New York State Senate. <https://www.nysenate.gov/legislation/bills/2019/s1046>
64. Sexual Orientation and Gender Identity Protection Act. 2nd Session, 63rd General Assembly. Nova Scotia, Government Bill. Canada. 2018; https://nslegislature.ca/legc/bills/63rd_2nd/3rd_read/b016.htm
65. Sexual orientation can be changed, Jakim says in new LGBT video. *Malay Mail* 13 February 2017; <https://www.malaymail.com/news/malaysia/2017/02/13/sexual-orientation-can-be-changed-jakim-says-in-new-lgbt-video/1313637>
66. Sexual orientation change efforts: Senate Bill No. 1172. California Legislative. 2011–2012; https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201120120SB1172
67. Sexual Orientation Change Efforts. Title 45. Subtitle 1. Chapter 1. Article 4.(New). §§1,2 - C.45:1-54 & 45:1-55. New Jersey Legislature, 2013; https://www.njleg.state.nj.us/2012/Bills/AL13/150_.PDF
68. State of New Hampshire House Bill 587-FN, 2018; http://gencourt.state.nh.us/bill_status/billText.aspx?id=160&txtFormat=html&sy=2018
69. State of Washington. Senate Bill 5722. 2018; <http://lawfilesexet.leg.wa.gov/biennium/2017-18/Pdf/Bills/Senate%20Passed%20Legislature/5722.PL.pdf>
70. Taiwan finalizes conversion therapy ban. *Medium*. February 24, 2018; <https://medium.com/shanghaiist/taiwan-finalizes-conversion-therapy-ban-adb417e5ff44>
71. The Yogyakarta Principles. Principles on the application of international human rights law in relation to sexual orientation and gender identity. 2007; http://data.unaids.org/pub/manual/2007/070517_yogyakarta_principles_en.pdf
72. The Yogyakarta Principles plus 10. Additional principles and state obligations on the application of international human rights law in relation to sexual orientation, gender identity, gender expression and sex characteristics to complement the Yogyakarta Principles. 2017; http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf
73. World’s Largest Psychiatric Association Condemns Conversion Therapy. National Center for Lesbian Rights. 2016; <http://www.nclrights.org/press-room/press-release/worlds-largest-psychiatric-association-condemns-conversion-therapy/>
74. Youth Mental Health Protection Act. HB0217. Illinois General Assembly. 2015; <http://www.ilga.gov/legislation/billstatus.asp?DocNum=217&GAID=13&GA=99&DocTypeID=HB&LeGID=83875&SessionID=88>

SUMMARY

CONVERSION THERAPY BANS IN NATIONAL LEGISLATIONS AROUND THE GLOBE

Gerbut V., Karabin T., Lazur Y., Mendzhul M., Vashkovich V.

Uzhgorod National University, Ukraine

The article summarizes the data on the number of conversion therapy legal bans aimed at changing sexual orientation and gender identity in countries around the globe; the content and the form of such prohibitions, the scope of their action by territorial criterion and the nature of the prohibition itself are analyzed; the draft laws, which are intended to legalize such bans in the national and territorial regime are studied; the thematic case law

of individual countries is partly examined; countries where conversion therapy is promoted and explicitly authorized by public authorities are considered.

According to the results of the study of more than half a hundred legal documents, the information obtained is distributed and organized into the following categories: national and regional prohibition of conversion therapy, direct and non-direct prohibition of conversion therapy; ban in different parts of the world. The content highlights the characteristics of the existing prohibitions, such as the name of the delict; year of entry into force of the relevant legal act; prohibition of sexual orientation and/or gender identity activities; the circle of persons subjected to the prohibition; the circle of persons protected by the prohibition; peculiarities.

The results of the study showed that there are currently 15 countries in the world (14 United Nations and 1 outside the United Nations) where conversion therapy is prohibited. Among them: 5 countries have direct nationwide bans; 6 countries have non-direct nationwide bans; 3 countries have direct regional bans; 1 country has a non-direct regional ban. Conversion therapy is prohibited in 6 countries in the Americas; 1 Asian country; 4 European countries; 4 Oceania countries.

Keywords: conversion therapy, United Nations, sexual orientation, gender identity, human rights.

РЕЗЮМЕ

ЗАПРЕТ КОНВЕРСИОННОЙ ТЕРАПИИ В ЗАКОНОДАТЕЛЬСТВАХ СТРАН МИРА

Гербут В.С., Лазур Я.В., Карабин Т.О.,
Менджул М.В., Вашкович В.В.

Ужгородский национальный университет, Украина

В статье систематизированы данные по количеству законодательных запретов конверсионной терапии, направленной на изменение сексуальной ориентации и гендерной идентичности личности в странах мира; проанализировано содержание, форма таких запретов, сфера их действия по территориальному критерию и характеру самого запрета; исследованы проекты законов и других нормативных актов, которыми планируется легализовать подобные запреты на общегосударственном и территориальном уровнях; частично изучается судебная практика отдельных стран, в которых конверсионная терапия признается преступлением; рассмотрены случаи, когда конверсионная терапия пропагандируется и прямо разрешается государственными органами.

По результатам изучения 50 правовых документов, полученная информация распределена и систематизирована по следующим категориям: общегосударственный и региональный запрет конверсионной терапии, прямой и косвенный запреты; запреты в различных частях мира. По содержанию выделены следующие характеристики имеющихся запретов: название правонарушения; год вступления в силу соответствующего правового акта; запрет таких действий в отношении сексуальной ориентации и/или гендерной идентичности; круг лиц, на который распространен запрет; круг лиц, защищаемый запретом; особенности.

Результаты исследования показали, что на сегодняшний день насчитывается 15 стран мира (14 стран-членов Организации Объединенных Наций и 1 за пределами ООН), где конверсионная терапия запрещена. Среди них: 5 стран

имеют прямой общегосударственный запрет; 6 стран - косвенный общегосударственный запрет; 3 страны - прямой региональный запрет; 1 - косвенный региональный запрет. Конверсионная терапия тем или иным образом запрещена в 6 странах Северной и Южной Америки; 1 азиатской стране; 4 странах Европы; 4 странах Океании.

რეზიუმე

კონვერსიული თერაპიის აკრძალვა მსოფლიოს ქვეყნების კანონმდებლობებში

ვ.გერბუტი, ი.ლაზური, ტ.კარაბინი, მ.მენჯული,
ვ.ვაშკოვიჩი

უჯგოროდის ეროვნული უნივერსიტეტი, იურიდიული ფაკულტეტი, უკრაინა

სტატიაში სისტემატიზებულია მონაცემები მსოფლიოს ქვეყნებში პიროვნების სექსუალური ორიენტაციისა და გენდერული იდენტობის შეცვლაზე მიმართული კონვერსიული თერაპიის საკანონმდებლო აკრძალვების შესახებ; გაანალიზებულია ამგვარი აკრძალვების შინაარსი, ფორმა, მათი მოქმედების სფერო ტერიტორიული კრიტერიუმებისა და თვით აკრძალვის ბუნების მიხედვით; გამოკვლეულია კანონებისა და სხვა ნორმატიული აქტების პროექტები, რომელთა მეშვეობითაც იგეგმება ამგვარი აკრძალვების ლეგალიზაცია საერთო-სახელმწიფოებრივ და ტერიტორიულ დონეზე; ნაწილობრივ შეისწავლება ცალკეული ქვეყნების სასამართლო პრაქტიკა, სადაც კონვერსიული თერაპია აღიარებულია დანაშაულად; განიხილება აგრეთვე ის შემთხვევებიც, როდესაც კონვერსიულ თერაპიას პროპაგანდას უწევს და ის ცალსახად ნებადართულია სამთავრობო ორგანოების მიერ.

ორმოცდაათზე მეტი იურიდიული დოკუმენტის შესწავლის შედეგების მიხედვით მიღებული ინფორმაცია გადანაწილდა და სისტემატიზებულია შემდეგი კატეგორიების მიხედვით: კონვერსიული თერაპიის საერთო-სახელმწიფოებრივი და რეგიონული აკრძალვა, კონვერსიული თერაპიის პირდაპირი და ირიბი აკრძალვები; აკრძალვები მსოფლიოს სხვადასხვა ნაწილში. შინაარსის მიხედვით გამოყოფილია არსებული აკრძალვების მახასიათებლები: სამართალდარღვევის სახელწოდება; შესაბამისი სამართლებრივი აქტის ძალაში შესვლის წელი; ამგვარი ქმედებების აკრძალვა სექსუალური ორიენტაციისა და/ან გენდერული იდენტობის მიმართ; იმ პირთა წრე, რომელზეც ვრცელდება აკრძალვა; აკრძალვით დაცული პირთა წრე; თავისებურებანი.

კვლევის შედეგებმა აჩვენა, რომ ამჟამად მსოფლიოს 15 ქვეყანაში (გაეროს 14 ქვეყანა და 1 - გაეროს ფარგლებს გარეთ) აკრძალულია კონვერსიული თერაპია. მათ შორის: 5 ქვეყანას აქვს პირდაპირი საერთო-სახელმწიფოებრივი აკრძალვა; 6 ქვეყანას აქვს ირიბი საერთო-სახელმწიფოებრივი აკრძალვა; 3 ქვეყანას - პირდაპირი რეგიონული აკრძალვა; 1 - ირიბი რეგიონული აკრძალვა. კონვერსიული თერაპია ამა თუ იმ გზით აკრძალულია ჩრდილოეთი და სამხრეთი ამერიკის 6 ქვეყანაში; აზიის 1 ქვეყანაში; ევროპის 4 ქვეყანაში; ოკეანის 4 ქვეყანაში.