

# SURINAME

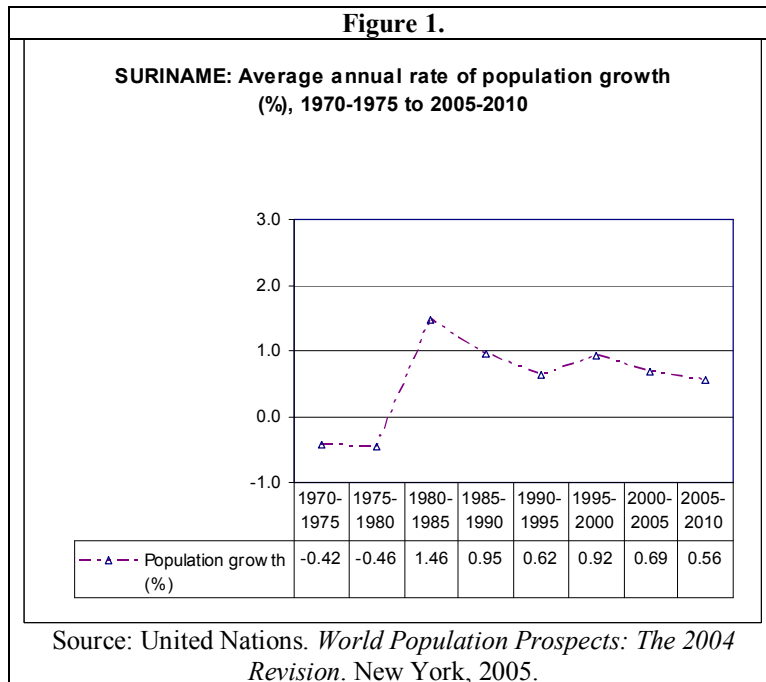
## Gender, Ethnicity and Health Unit

### Population

The total population of Suriname was 492,829 in 2004, of which 59.4% live in urban areas, 29.6% in rural areas and 11.0% in the interior.<sup>1</sup> Women represent 49.7% of the total population. In the year 2004, 129,866 women were 15 to 49 years old, that is, around 53% of the total number of women.<sup>2</sup>

Compared to the census of 1980 (with a population size of 355,240), the population increased with circa 137,600 persons over a period of approximately 24 years, i.e. growth of 38.7% (or 1.37% annually).

The average annual rate of growth of the population fluctuated considerably in the period since 1970, but has had a decreasing trend since the 1980-1985 quinquennium (Figure 1).



The crude death rate, in 2004, was 6.7 per 1,000 population. The crude birth rate, in 2004, was 18.7 per 1,000 population.<sup>3</sup>

<sup>1</sup> ABS (General Bureau of Statistics)/Census Office 7<sup>th</sup> *General population and housing census in Suriname* volume I, August 2005.

<sup>2</sup> Ibid.

<sup>3</sup> NHIS, Basic Indicators 2004

## Socioeconomic context

The gross national income per capita (current value) was US\$2,900 in 2004<sup>4</sup>; the PPP value of the gross national income is not available. No data are available as to the income ratio of the 20% of the population with the highest and the 20% with the lowest income.

### Poverty

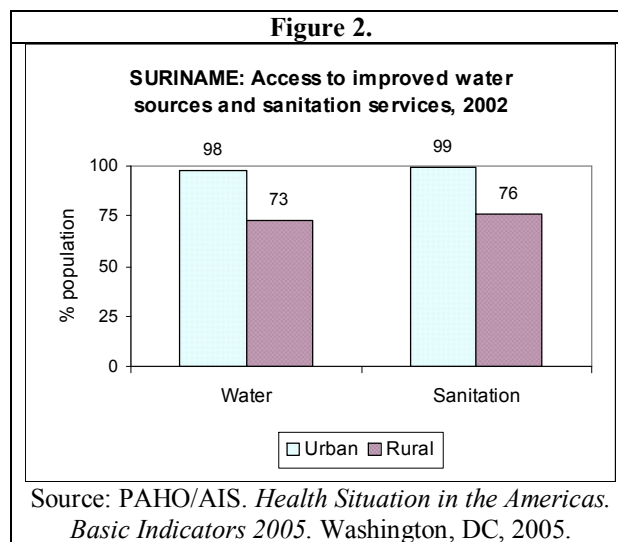
The percentage of the population in the urban areas living below the national poverty line was 66% in 2000.<sup>5</sup> Among urban households, 31% were headed by women. (2004). (Gender Statistics ABS, 2005)

### Health expenditure

Public expenditure on health was 4% of gross domestic product and the total health expenditure was 9.4% of gross domestic product in 2000;<sup>6</sup> data are not available as to private expenditure.

### Environmental health

Over 98% of the urban population has access to improved water sources, whereas around 70% of the rural population has access to these services. For sanitation, this is 99% and 76% respectively (Figure 2).



### Education

In 2000, the overall literacy rate of the population aged 15 years and over, was estimated at 86% (males 90.2% and females 82.3%), with a significant difference in the literacy rate between the urban population (92.9%), rural population (87.0%) and interior (51%).<sup>7</sup> In 2004, a literacy rate of the population aged 15 years and over was estimated at 75.3% (males 77.2% and females 73.6%).<sup>8</sup>

<sup>4</sup> PAHO/AIS. *Health Situation in the Americas. Basic Indicators 2005*. Washington, DC, 2005.

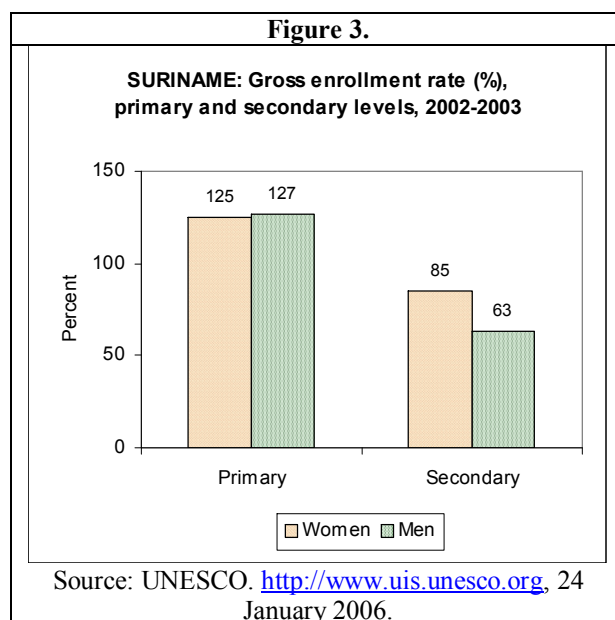
<sup>5</sup> ABS (General Bureau of Statistics) *Poverty Lines and Poverty in Suriname*, May 2001

<sup>6</sup> ABS (General Bureau of Statistics)

<sup>7</sup> Govt. of Suriname/UNICEF *Suriname Multiple Indicator Cluster Survey 2000*, March 2001

<sup>8</sup> Based on the Census 2004 data, that produced a literacy rate for the population aged 6 years and over of 88.1%.

It is estimated that, in 2000-2003, the net enrollment rate for the pre-primary and primary level was 90% for both sexes and that it was considerably lower for the secondary level<sup>9</sup>. The gross enrollment rate, primary level, for both women and men was over 125%; for secondary level, the rate registered for women (85) was 22 higher than men (63) (Figure 3).



### **Employment**

In 2004, in Paramaribo there were twice as much women (109) registered as job seekers than men (63), while in Nickerie this is the other way around (women: 32 and men: 84)<sup>10</sup>.

### **Political participation**

<b>Percent of women:</b>	
- in Parliament (2005) <sup>11</sup>	20%
- in ministerial posts (2005)	20%

### **Resources that facilitate initiatives leading to gender equality**

<b>Commitment to gender equality</b>		
The facultative protocol for the Convention on the Elimination of Discrimination Against Women (CEDAW) <sup>12</sup> :	Yes	No
- Was signed		X
- Was ratified by the legislature <sup>13</sup>	X	
There is a law on domestic violence		X
- With assigned resources		X

<sup>9</sup> Govt. of Suriname/UNDP *Suriname MDG Baseline Report*, 2006

<sup>10</sup> ABS, Selected Gender Statistics Suriname, December 2005

<sup>11</sup> PAHO/GE. *Gender, Health and Development in the Americas. Basic Indicators 2005*. Washington, DC, 2005.

<sup>12</sup> United Nations. Division for the Advancement of Women, Department of Economic and Social Affairs. <http://www.un.org/womenwatch/daw>, 27 March 2006.

<sup>13</sup> The source states that there was “accession,” there is no mention of ratification.

<b>Government mechanism for monitoring and safeguarding gender equality</b>	
Name	National Gender Bureau
Created by	Ministry of Home Affairs
Placement within a governmental structure	Yes
Participation in the Cabinet	No

<b>Sexual and reproductive rights</b>		
	Yes	No
Is there a law that guarantees universal access to family planning methods?		X
Each woman can decide whether to use contraceptive methods	X	
Direct government support to ensure access to contraceptive methods:		X
Is there access to emergency contraception?		X
Has sexual and reproductive health been included in the curricula for: <sup>14</sup>		
- Public sector schools?	X	
- Private sector schools?	X	

<b>Abortion policy<sup>15</sup></b>		
	Yes	No
Does the penal code prohibit abortion?	X	
Are there exceptions:	X	
-To save the life of the mother	X	
-To preserve the physical and mental health of the mother		X
-In cases of rape or incest		X
-Other exceptions		X

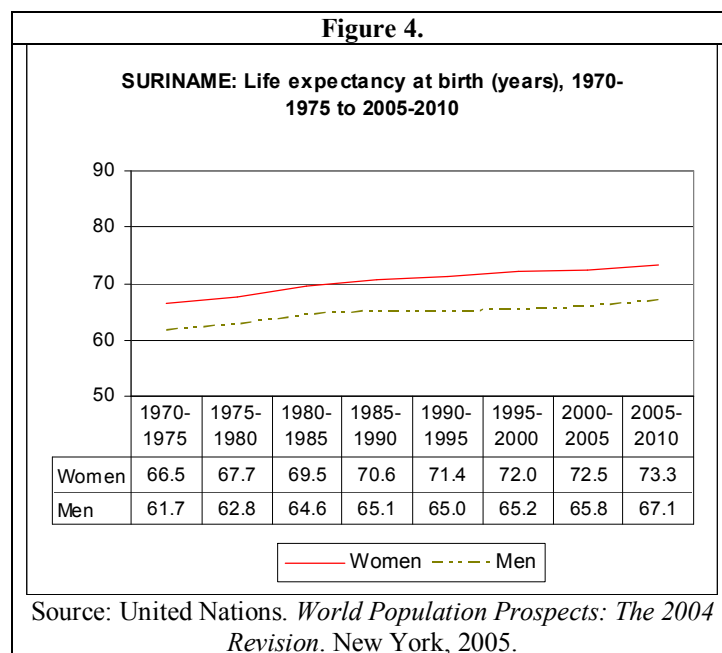
## Health Situation

In 2005, life expectancy at birth was 73.0 years for women and 66.6 years for men.<sup>16</sup> Recent demographic estimates found substantial gains in life expectancy for both sexes, concomitant with an increase in the gap between men and women: in the 2005-2010 quinquennium, the life expectancy of women will be 6.2 years more than that of males, while this gap was 4.8 years in the 1970-1975 quinquennium (Figure 4).

<sup>14</sup> The Basic Life Skills Committee of the Ministry of Education is currently working on the integration of SRH issues in primary education, included in the Natural Sciences subject. There is no difference between the curricula of the public and private sector schools.

<sup>15</sup> United Nations. Population Policy Data Bank, Population Division, Department of Economic and Social Affairs. <http://www.un.org/esa/population/publications/abortion/doc>, 27 March 2006.

<sup>16</sup> PAHO/AIS. *Health Situation in the Americas. Basic Indicators 2005*. Washington, DC, 2005.



In 2002, high estimated incidence rates for malignant neoplasms of breast and cervix were found among women (see table).

<b>SURINAME: Estimated incidence of malignant neoplasms, adjusted (per 100.000), 2004</b>		
Site	Women	Men
- lung	3.3	2.8
- stomach	2.9	6.1
- female breast	31.1	n.a.
- cervix	23.7	n.a.
- prostate	n.a.	34.3

MOH, NHIS Suriname

n.a.= not applicable

### ***Risk factors***

The prevalence of tobacco consumption in the population 13-15 years of age was 11% among women and 20% among men in 2004.<sup>17</sup> Prevalence data on obesity in the population 15 to 49 years old are not available.

### ***Mortality***

The most recent year for which mortality data from Suriname are available by sex, age and cause of death is 2004<sup>18</sup>;

The infant mortality rate was 19.2 per 1,000 live births in 2004.<sup>19</sup>

<sup>17</sup> 2004 Global Youth Tobacco Survey Suriname, MOH, November 2004

<sup>18</sup> PAHO/AIS. Technical Information System. Table Generator (May 2006). <http://www.paho.org>

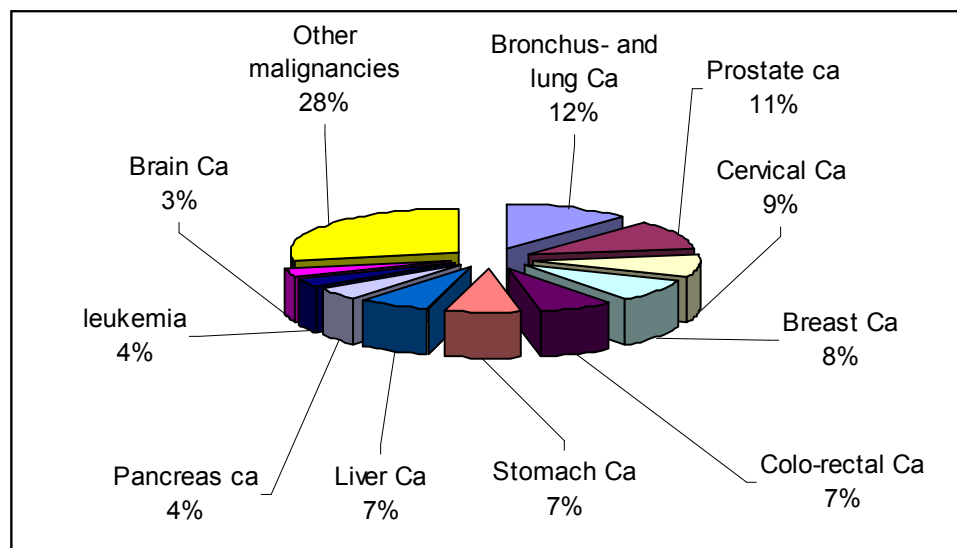
<sup>19</sup> NHIS Basic Indicators 2004

Cardio-vascular diseases (including Hypertension and Cerebrovascular diseases) are the leading causes of death in the period 2000 - 2004. The death rates due to External causes and Malignancies switch between the 2nd and 3rd place during this period.

The main change in leading causes of death is due to certain conditions originating in the perinatal period, which moved up to the 4th place in the period 2000 – 2004.

HIV/AIDS death rates increased from the 6th place in 2000 to the 5th place in 2004.

From 2000 – 2004 deaths from cardiovascular diseases (including the Cerebrovascular diseases) accounted for 30% of all deaths; Both External causes and Malignancies accounted for 10 % each, while Diseases originating in the perinatal period accounted for 8% and both HIV/AIDS and Diabetes Mellitus account for 5% each.



The highest mortality rate among the malignancies appears in the bronchus – and lung, followed by the malignancies from the genital organs respectively. Together the malignancies of the genital organs account for 28% while the malignancies of the tractus digestivus account for 25%. The highest incidence is in the age group 60 – 80 years.

### ***Sexual and reproductive health***

The total fertility rate in Suriname, in 2004, was 2.4 children per woman.<sup>20</sup>

Adolescent pregnancy is one of several reproductive risk categories;<sup>21</sup> it constitutes a barrier that can prevent women from developing capabilities to help them achieve the resources necessary for their well-being. In Suriname, in 2004, 6.4% of adolescents 15 to 19 years old gave birth; among women 35 to 49 years, 2.3% gave birth to a child.<sup>22</sup>

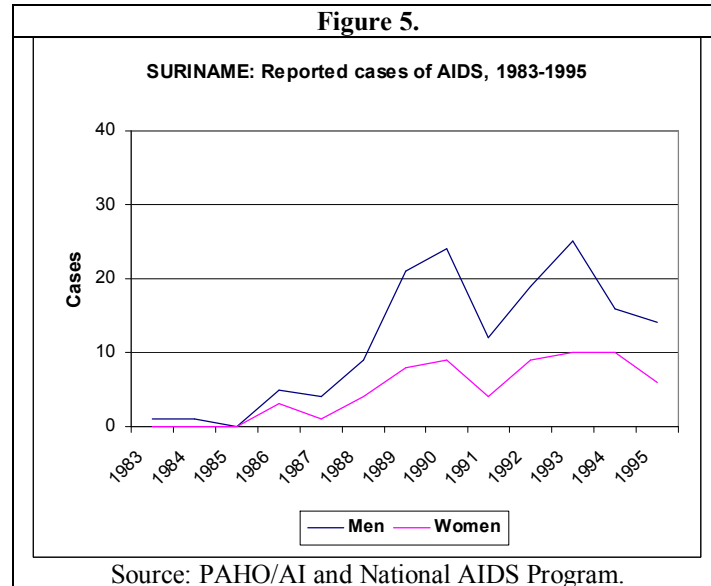
<sup>20</sup> PAHO/GE. *Gender, Health and Development in the Americas. Basic Indicators 2005*. Washington, DC, 2005.

<sup>21</sup> Reproductive risk factors: mother's age less than 20 years and over 34 years; birth interval less than 24 months; birth order greater than 3.

<sup>22</sup> PAHO/GE. *Gender, Health and Development in the Americas. Basic Indicators 2005*. Washington, DC, 2005.

There were 8 maternal deaths in 2004.<sup>23</sup>

A rising trend was seen in the number of AIDS cases reported annually during the period 1983-1995 (Figure 5). In September 2005 there were 351 people under treatment with antiretroviral drugs;<sup>24</sup> it is estimated that, in 2004, less than 1,000 people 15 to 49 years old needed such treatment.<sup>25</sup>



### ***Violence against women***

#### **Domestic violence**

In 2004, 209 women and 25 men, and in 2005, 187 women and 30 men have experienced violence by a spouse or partner (reported cases).

In 2003, there were a total of 653 police reports for domestic violence against women.

Data is disaggregated as follows:

- Abuse: 408
- Heavy abuse: 60
- Threat: 185

In 2004, there were 160 police reports for sexual violence against girls (0-18y); 23 for sexual violence against boys (0-18y); 247 against women.

**Sources:**

- Foundation Stop Violence against Women (July 2006)
- ICPD+ 10 report (ProHealth, MOH, UNFPA, April 2006)

**Coverage of the data:**

No national data. Only registered cases. Cases reported by telephone are not included.

<sup>23</sup> Ministry of Health, Epidemiology Unit of the Bureau of Public Health *Maternal Mortality 2004*, December 2005

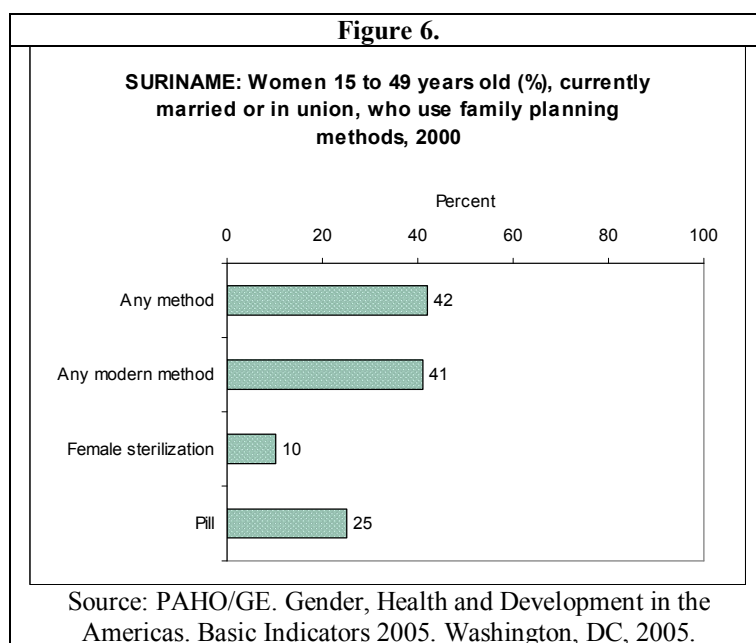
<sup>24</sup> PAHO/AI and National AIDS Program.

<sup>25</sup> UNAIDS/WHO.

## Access to health services

### *Family planning services*

Among women 15 to 49 years old who are currently married or partnered, 41% use modern methods of family planning and another 1% use other methods (Figure 6). The method most frequently used is the pill.



### *Prenatal care and care at childbirth*

In 2002, 90% of all births were attended by trained personnel and 90% of pregnant women received at least one consultation for prenatal care, provided by a trained health worker.<sup>26</sup>

<b>Prenatal care, care at childbirth, Pap smear tests</b>			
% of pregnant women who received:	Place of residence of the woman		
	Total	Urban	Rural
- Prenatal care (at least one visit)	90%	n.a.	n.a.
- Care at childbirth by trained personnel	90%	n.a.	n.a.
% deliveries by cesarean section (year 2002)	13.3%	n.a.	n.a.
% of women 30 years and older who have received at least one Pap smear test (year 2000)	33.5%	35.9%	32.4% (incl. interior)
	--	12,031	--

Data year: 2000  
Sources: ICPD+10 report  
Coverage of the data: national data

<sup>26</sup> PAHO/AIS. *Health Situation in the Americas. Basic Indicators 2005*. Washington, DC, 2005.

<b>Pap smear test, See and Treat</b>		
	Place of residence of the woman	
	Urban (Pap Smear)	Interior (See and Treat)
Number of women 30 years and older who have received cervical cancer screening (year 2004)	12,031	81
Number of women 30 years and older who have received cervical cancer screening (year 2005)	12,611	278

### *Health insurance*

<b>Percent of population with health insurance coverage, by type</b>			
Type of insurance coverage	Percent		
	Total	Women	Men
None	10	n.a.	n.a.
Out of pocket	20	n.a.	n.a.
Private insurance	10	n.a.	n.a.
- Private insurance companies			
- Company medical plan			
- State Health Insurance	25	n.a.	n.a.
- Govt. medical plan	25	n.a.	n.a.
- Medical Mission (interior)	10	n.a.	n.a.
	100%	100%	100%

### **Health personnel, 2004**

<b>Number of Physicians</b>	<b>400</b>
Number of General Practitioners	295
Number of family physicians	225
Number of General Practitioners in hospitals	70
Number of Medical Specialists	105
Number of Dentists	42
Number of Non - university trained nursing personnel	1 745
Number of registered nurses	778
Number of midwives	57
Physicians per 10,000 population	8.2
Family physicians per 10,000 population	4.6
Dentists per 10,000 population	0.9
Non – university trained nursing personnel per 10,000 population	35.4
Number of registered nurses per 10,000 population	15.8
Number of midwives per 10,000 population	1.2

Although this subject is an essential element for the analysis of gender-based inequalities related to the participation of women and men in the health sector, the statistics that would allow such analyses are not currently available.