

Situation Analysis of Women and Men in Suriname: Health

KEY GEI HEALTH MESSAGES

- Most of the health data is derived from MICS 2010 and are therefore not recent. MICS 2017 recently started.
- An increase of the use of contraception was reported in 2010 (48%), in comparison to the year 2000 (42%). The use is the highest in urban and rural districts and the lowest in the interior.
- In Suriname, 67% of pregnant women received antenatal care at least four times, irrespective of the provider. The percentage in the urban (68%) and rural areas (71.9%) is higher than in the interior, where it is 57.8%.
- The number of persons living with HIV/AIDS is not available. The number of persons who died of HIV/AIDS is available.
- The number of persons who have access to Antiretroviral therapy (ART) has increased from 62% in 2008 to 82% in 2012. The data are not sex-disaggregated.
- Data on the causes of death are not updated. The reporting of causes of death to the Bureau Public Health (BPH) by the hospitals has some obstacles, including lack of personnel.
- There is a decline in the birth-rate for women aged 15-19 years. In 2011, 58.0 births were noted and in 2012 this had dropped to 51.9.

Good healthcare is important for a healthy population to contribute to the development of a country.

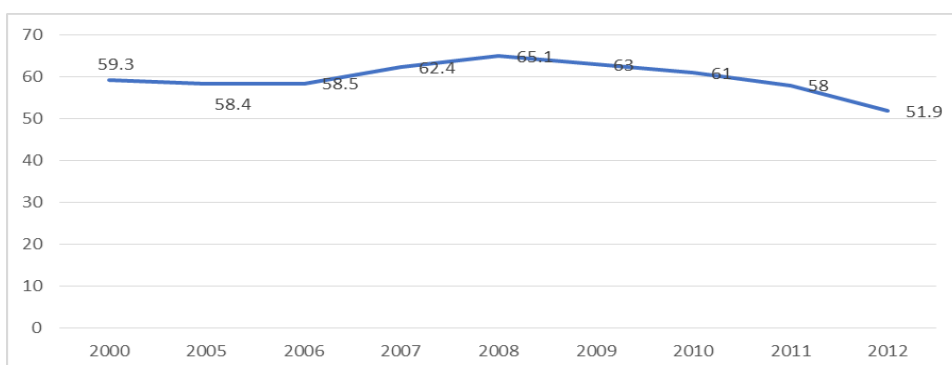
The Ministry of Health's priority is to make good quality healthcare accessible for everyone and to prevent and reduce diseases.

MATERNAL HEALTH

- There is an increase in the use of contraception among women who are married in the age group 15-49 years.
- In 2010, 48% of women used contraception compared to 42% in 2000.
- Use of contraception was highest in rural areas (51%): Nickerie (not including Nieuw-Nickerie), Commewijne (except Tamanredjo and Meerzorg), Coronie, Marowijne, Para and Saramacca. It was low in the interior areas: Brokopondo (26%) and Sipaliwini (25%).
- In the interior areas, contraception use in 2010 was 7 times higher than in the year 2000 (MICS 2010).
- In 2010, the 'unmet need for family planning' was 16.9% for all of Suriname. This was the highest in the interior (Brokopondo (33%) and Sipaliwini (34%) (MICS 2010).
- Antenatal care is important not only for the health of the unborn baby, but also for the mother.
- In Suriname, antenatal care is provided by general practitioners, hospitals, RGD and MZ.
- In general, 67% of women received antenatal care in Suriname (MICS 2010). This varies in the different areas of Suriname. In the interior, antenatal care is lower (57.8%) than in urban (68%) and rural areas (71.9%) (MICS 2010).



Adolescent pregnancies , 2000-2012



Source: MDG Progress Report 2014

ADOLESCENT PREGNANCIES

Adolescent pregnancies have profound consequences for the young mother and also for the child, for example, education of the young mother is often discontinued. The figure shows a decline of 58.0 births for women 15-19 years in 2011 to 51.9 births for this same age-group in 2012 (CEDAW report, 2016).

HIV/AIDS AND MORTALITY

The screening of pregnant women for HIV/AIDS has also been standardized since 2003. Thus, an infected pregnant woman can receive information on how to protect her unborn child and prevent infection.

By 2013, the number of women in the age group 15-34 years who died from HIV/AIDS was 1.8%, and 2.6% for women in the age-group 35-59 years. For men this was 0.9% for the age-group 15-34 and 4.7% for the age-group 35-59 years (BPH, 2013).

The most common cause of death in the year 2013 is generally cardiovascular diseases (Statistical Yearbook, 2017). This also applies to 2010, 2011 and 2012. For the age-group 15-34 years, the most common cause of death is 'deaths by external causes' for both women and men, respectively 13.4% and 4.1% (BPH, 2013). For the age-group 35-59 years, the most common cause of death is cardiovascular diseases for men (20.8%) and women (7.6%) (BPH, 2013).

In 2013, the second most common cause of death was cancer and the third cause accidents and violence. This also applies for the period 2010-2012. HIV/AIDS was ranked 8th in 2013. Compared with previous years, this is an improvement, where HIV/AIDS was ranked 7th (Statistical Yearbook, 2017). These data are not disaggregated by sex and not by age.