

WOMEN'S LIVES AROUND THE WORLD

A Global Encyclopedia

VOLUME 2
THE AMERICAS

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Suriname

Overview of Country

The Republic of Suriname, formerly called Netherlands Guiana or Dutch Guiana, is located on South America's northeast coast. It sits between Guyana to its west and French Guiana to the east, and it is bordered by the Atlantic Ocean to the north and Brazil to the south. Its landmass is 63,038 square miles (or 163,820 sq. km), making it the smallest country on the South American continent (CIA 2017). Suriname's abundant flora and fauna, along with its rain forest, are susceptible to environmental destruction and degradation due to commercial timber harvesting and extraction industries (IBP 2013). The population of 573,311 Surinamers primarily live in coastal villages that tend to be ethnically homogenous. They also live in urban areas, including Paramaribo, the largest city and capital, which is very multiethnic, and Nieuw Nickerie, which sits just across from Guyana (CIA 2017). Suriname has long been linked to Caribbean countries due to cultural and historical similarities, despite being situated on the South American continent.

Although the origin of the word *Suriname* is not clear, it is believed to come from the Surinen, one of the many indigenous tribes of the Amazon region. Within the Surinen, the largest tribes that lived along the coast—the Arawak and the Carib—were the first to encounter, resist, and, for some,

succumb to what became several waves of European explorers, settlers, and, ultimately, colonizers. Spaniards arrived in the 1500s, followed by the British in the mid-1600s. The Dutch claimed Suriname as a colony in 1667, after trading New York for Suriname to the British (Romero 2011). The Dutch brought enslaved Africans for harvesting sugarcane. They rebelled and attacked Paramaribo, but Paramaribo had been built to prevent such attacks. Through rebellion, Africans secured their freedom and set up their own villages inland, where they established peace treaties with the Dutch (Romero 2011). Slavery was abolished in 1863, but to replace formerly enslaved African labor, people from Indonesia and Java, primarily men, were brought to work as indentured laborers (CIA 2017; Hoeft 2014, 1).

In the 19th century, Western-educated and largely Dutch-speaking Surinamese began immigrating to the Netherlands. World War II interrupted the outflow in the 20th century, but immigration resumed after the war when Dutch labor demands grew. Emigrants included all segments of the Creole population (196).

Surinamers continued to retain strong linkages to the Netherlands because of job opportunities, family, and other ties. In the 1970s, Suriname's population dropped due to out-migration to the Netherlands "in anticipation of independence," which was granted in 1975 (Hoeft 2014, 3; CIA 2017).

In 1982, five years after independence, Suriname's civilian government was replaced by a military regime led by

Desire (Desi) Bouterse (1945–). Some considered his ruling style to be that of a dictator and cited as evidence his and his followers' involvement in what is now called the "December murders." Since then, Bouterse and 24 people have been suspected of executing 15 dissidents for not supporting the regime. The murders caused many Surinamers to leave the country (Hoeft 2014, 142). Among those who stayed were church women who protested the government (*Jamaica Observer* 2016; Hoeft 2014, 142). The regime continued to exert control through a succession of nominal civilian administrators until 1987, when international pressure finally forced a democratic election. However, in 1990, the military overthrew the civilian leadership, but a democratically elected government formed through a four-party coalition returned to power in 1991. Four more parties joined the coalition in 2005, and these eight parties were in power until 2010, when Bouterse and his coalition were elected (CIA 2017).

Bouterse's actions have not been ignored at the international level. Suriname's biggest supplier of development aid—the Netherlands—cut some of its aid in protest of an amnesty law that freed Bouterse and others from previous crimes (BBC 2013; CIA 2017). In 2015, elections were held again, and Bouterse was reelected as president after he ran unopposed (CIA 2017). Despite his reelection, many in Suriname continue to agitate for Bouterse to face trial (*Jamaica Observer* 2016).

Successive waves of migration, forced and free, have created a culturally and ethnically diverse population. In 2016, the population was 585,824 (CIA 2017). At 37 percent, Hindustanis, or East Indians, make up the largest ethnic group. Creoles (people with mixed white and black heritage) are 31 percent, and Javanese comprise 15 percent of the population (CIA 2017). Maroons (descendants of enslaved Africans) freed themselves and escaped to Suriname's interior forests. In the 17th and 18th centuries, they created their own autonomous communities and villages along the Coppename, Saramacca, Suriname, Tapananoni, Marowijne, and Lawa Rivers. Maroons make up 10 percent of the population and divide themselves into several bands: Saramacca and Ndyuka (about 50,000 each); Paramaka and Aluku (also called Boni) (about 6,000 each); Matawai (about 4,000); and the Kwinti (about 600) (CIA 2017; van Andel 2012, 140; Heemskerk 2005; Price and Price 2005). Seeking work and educational opportunities, many leave the interior for cities and the Netherlands. Amerindians, or indigenous peoples, are 2 percent (approximately 20,000) of the population and primarily

live in the south and coastal savannah region (van Andel 2012, 140). Chinese are 2 percent, whites are 1 percent, and 2 percent of the people are not assigned an ethnic category (CIA 2017).

Suriname is a young country, with 42 percent of the population under the age of 24. In this age group, males (128,149) outnumber females (123,195). The next largest group is those aged 25–54 years, who make up 44 percent of the population (132,334 males and 127,562 females). People aged 55–64 years are 6 percent, and people over the age of 65 comprise 5 percent of the population (CIA 2017).

Dutch is the official language, and it is used for education and government and is common to all in Suriname regardless of the language(s) spoken at home or in a community (CIA 2017). English is also widely spoken, as is Sranang Tongo (Surinamese). Sometimes called Taki-Taki, Sranang Tongo is native to Creoles and popular among Suriname's youth. It draws on English, Dutch, and Portuguese and is sometimes considered Suriname's lingua franca (CIA 2017; Romero 2011). The Javanese community speaks Caribbean Hindustani (a dialect of Hindi), and Portuguese and Chinese are spoken due to Brazilian and Chinese migration for work (CIA 2017). While the six Maroon societies retain their own unique languages, commonalities exist among the Saramaka, Matawai, and Kwinti and the Ndyuka, Aluku, and Paramaka (Price and Price 2005). With so many options, it is not uncommon for the language to be determined based on the situation.

Suriname's diversity extends to religions practiced. Surinamers identify as Hindi (27.4%); Protestants (25.2%, predominantly Moravian); Roman Catholic (22.8%); Muslim (19.6%); and indigenous beliefs (5%) (CIA 2017). A simplistic version of Suriname's story describes the country's ethnic groups as interacting as a little United Nations; in reality, it is a day-to-day positioning of one's ethnic identity due to one's "colonial racial heritage, economic class, and ethnopolitics" (Tjon Sie Fat 2009, 2).

Suriname is noted for its intact rain forest. The government promotes tourism, and tourists from the Netherlands are the most common (Romero 2011). However, competition for Suriname's natural resources has long come from major international corporations, which has affected the landscape, as has illegal, small-scale gold mining by Brazilians, called *garimpeiros* (Romero 2011). Other natural resources include hydropower, fish, shrimp, and various minerals, such as aluminum, kaolin, bauxite, nickel, copper, platinum, and iron ore. Deforestation is a concern, as timber is harvested and exported (CIA 2017).

Overall, the country is in a postindustrial demographic transition, characterized by a low fertility rate, a moderate mortality rate, and a rising life expectancy. However, for the Maroon population of the rural interior, this is less so due to limited educational opportunities and access to contraceptives, higher malnutrition, and significantly less access to electricity, potable water, sanitation, infrastructure, and health care (CIA 2017).

Overview of Women

Women's lives and progress toward equity has progressed in some key areas: notably, more girls are able to access primary education, women's lives are less at risk when giving birth, and Suriname is combating HIV/AIDS and malaria. Importantly, it has ratified international agreements that affect women and adopting national legislation that lays the groundwork to implement the intent of such agreements (Hoeft 2014, 6). It is anticipated that this implementation will level social and economic inequities and access to day-to-day services and serve to upend the traditional gender ideology that women face at home and in the public sphere (6). By following through on legislative and policy changes, Surinamese women would benefit from structural mechanisms that mark their progress and show how the interplay of women's gender, ethnicity, and socioeconomic status serve to enhance or detract from their empowerment or continued discrimination (7).

All of these combine to influence Suriname's Gender Inequality Index (GII), which ranked it 100th out of 188 countries worldwide and gave it a value of 0.463 in 2014. The GII specifically evaluates women's reproductive health, empowerment in terms of political representation and levels of education, and participation in the labor force (UNDP 2015). The index points to where Suriname can change policy to foster women's equity.

Girls and Teens

Even though Suriname is placed in the high development category, educational and work opportunities remain limited for adolescent girls, especially those living in rural areas (UNDP 2015). Barriers to educational and professional success include violence against children in the home, early marriage, teen pregnancy, and poverty (CEPAL n.d.). Corporal punishment and violence toward children is widely accepted; 87 percent of children under the age of 15 are subjected to violent discipline by their caregivers (UNICEF 2016).

Reproductive health education and contraception are not yet widely disseminated to teenagers, resulting in a high level of unintended teen pregnancies. In 2016, the adolescent birth rate was 62 per 1,000 for girls ages 15–19 (UNICEF 2016). The teen pregnancy rate is even higher for girls living in the interior, and approximately 1 of every 10 young women is married or has a partner before the age of 15. Fifty percent are married before the age of 18 (UNICEF Suriname 2016). The nonprofit Stichting Lobi (Lobi) (Love Foundation) supports teen sexual health by training teens to participate in service delivery as advocates and peer health coaches. In addition to providing contraceptives through its clinics, it makes condoms available at schools and other locations where teens gather (IPPF 2014).

With 41 percent of children living in poverty, sexual activity is prevalent and contributes to teens not continuing with their education, as the need for work overrides the desire for education (UNICEF 2016). Children in rural villages are especially affected, as their families may not have the funds needed for them to attend school (UNICEF Guyana & Suriname 2016). A 2006 estimate found that 6 percent of children aged 5–14 were working (CIA 2017). Unemployment for 15- to 24-year-olds was 15 percent. Eleven percent of young men were unemployed, according to a 2013 estimate, and young women were almost twice that at 21 percent (CIA 2017).

Suriname's government has committed to working with the UN Development Programme to achieve the Gender Equality Seal, a certification process that guides countries as they evaluate their current gender equality status and provide a framework for developing a strategy for gender equality (UNDP 2016). To achieve gender equality, progress must start with young girls, and Suriname shows its commitment to this by working toward attaining the Equality Seal through examining and eradicating discrimination against young girls and female adolescents (CEPAL n.d.).

Education

Suriname has universal education, which includes primary education through grade 12. All years are mandatory (BSR 2017).

Access to university education is becoming available through Anton de Kom University (AKU) and its partnerships with other universities. AKU now offers a master's in public health through Tulane University's School of Public Health and Tropical Medicine in the United States. Since

the 1980s, more women have participated in higher education than men (Hoeft 2014, 216). Women attending university is valued and encouraged, which is reflected in the saying, “Your diploma is your first man” (20).

Even though some students face barriers in accessing education, others point out the need for better resources for their schools, and reports find that teachers are unskilled or underskilled. Despite this, 95 percent of those aged 15 and older can read and write. School is usually taught in Dutch (CIA 2017).

Health

Suriname spends 5 percent of its gross domestic product (GDP) on health care, ranking it 115th out of 191 countries (CIA 2017). The constitution mandates that the Ministry of Health promote its people’s health through a focus on the improvement of work and daily life and that it safeguard health care across the country (Sijem 2014). In the late 1970s, it ceded responsibility of care for communities in the interior—about 50,000 people—to a private nonprofit, Medical Mission (MZ). Three Christian medical missions form MZ. A decade later, a regional health service was created to provide care for coastal communities—about 145,000 people—many of whom are low-income and eligible for services from the Ministry of Social Affairs Housing, while many others are covered by the State Health Insurance Foundation. These actions follow the ministry’s philosophy of acting as a coordinator between the government, professional, and nongovernmental organizations (NGOs), which act autonomously to realize the goal of making care accessible, available, and focused on primary care (UNDESA n.d.).

Access to Health Care

During the economic downturn in the 1980s, many health care providers left the country for better pay. The health sector is also challenged by a lack of resources, such as drugs and medical equipment. In response, the government is focusing on controlling costs, promoting women’s and primary care health outcomes, converting public hospitals into private ones, and bolstering the nonprofit care providers’ responsibilities (UNDESA n.d.).

A 2014 presentation reported on the status and future plans of Suriname’s health care system. At that time, the regional health service provided primary care through 43 health clinics along the coast, and the MZ did the same in its 56 health clinics in the interior. The ministry planned

to upgrade and expand facilities, set up hospitals in rural areas, and offer more services through the clinics, such as 24-hour availability, emergency, chronic, and specialist care (Sijem 2014). The ministry also indicated plans for creating a health card for people who frequently cross the border and reported progress with addressing chronic and infectious diseases, with malaria almost being eliminated. The ministry also shared that it continues to provide high vaccination coverage and that it had work to do in the areas of school, maternal, and child health (Sijem 2014).

Maternal Health

About 60 percent of Surinamese women turn to Stichting Lobi (Lobi) clinics to meet their family planning, reproductive, and sexual health needs. With the slogan “Live a Responsible Love Life,” Lobi’s philosophical approach is to promote agency over one’s choices. Services include access to contraception, testing for sexually transmitted infections, gynecological care, and pregnancy testing. With Lobi and other providers, contraception prevalence reached 48 percent by 2015 (UNICEF 2016). Lobi also offers services to prevent cervical cancer and HIV. To support women in rural areas or those who are marginalized, Lobi has mobile clinics, and clients may pay on a sliding scale (IPPF 2014).

Women who become mothers face a maternal mortality rate of 155 deaths per 100,000 live births as of 2015, a rate that is up from 130 in 2013 (CIA 2017; WHO 2015). Ninety-one percent visit a health care provider at least once, and 67 percent make at least four visits; 91 percent have a skilled provider attend their birth, and 92 percent give birth in a facility while the remaining do so at home. As of 2015, the fertility rate was 2.3 children per woman, down from 1990’s rate of 3.3 (UNICEF 2016), and the infant mortality rate was 25 per 1,000 live births (CIA 2017). Neither the maternal mortality ratio nor the under-5 mortality rate (23 per 1,000 live births) meets the baseline Millennium Development Goals of 84 and 48, respectively; both rates are higher than the region (WHO 2015).

Abortion is illegal, and women who cause their own or who have another induce one can be punished with up to 3 years’ imprisonment for doing so. For women who obtain an abortion from another person, that person is subject to 4 years and 6 months in prison, or 12 years if the woman did not agree to the abortion. Medical practitioners are further penalized for providing this service (Women on Waves n.d.). According to the Center for Reproductive Rights, even though abortion is illegal, it may be possible

to obtain one when saving a woman's life because it is seen as a necessity. This is similar to its neighbors, such as Brazil and Venezuela, but unlike Guyana and French Guiana, who both have more women-centered laws (Center for Reproductive Rights 2017). Some have recognized the punitive nature of Suriname's law and advocated for changing the law or have supported women in creative ways, such as by making the abortion pill available through Women on the Web's mail-order service (Women on Waves n.d.). Changing the law would bring Suriname into alignment with its obligations as a signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which calls for women's equal rights, including health care and in particular care related to family planning (Castelen 2009, 2–6).

Diseases and Disorders

Surinamers are living longer, with women typically living 74 years and men 69 years (CIA 2017). This is similar to the average life span of many other countries, according to the World Health Organization (WHO 2015). During their longer lives, Surinamers face on average 12 years of lost health due to illness and disability. The most common causes of death are cardiovascular disease and diabetes. Other diseases that cause death include cancer, respiratory and other infectious diseases, and HIV/AIDS. Between 2000 and 2012, diabetes, self-harm, and heart diseases all increased, and HIV/AIDS decreased (WHO 2015).

HIV/AIDS

Young people aged 25–29 had the highest number of new infections of HIV in 2008, and girls and young women were disproportionately affected. Suriname has been able to reduce the rate of folks contracting HIV in part due to promoting the use of condoms. For example, its Youth Advocacy Movement (YAM) promotes an ABC program of abstinence, being faithful (monogamy), and condom use.

Employment

Women's participation in the labor force has grown from 37 percent in 2005 to 39 percent in 2010, and during the same time frame, men's participation grew by 1 percent, from 67 percent to 68 percent (all based on estimates) (UN Statistics 2017). At 48 percent, the majority of employed women work in the services sector; this is followed by

agriculture (20%) and industry (10%), all according to 2013 data (ILO 2015).

Labor statistics do not capture the full breadth of women's participation in the labor force because much of their work goes unrecognized. Unrecognized work takes place in what is called the *informal economy* and takes many forms: street vendors selling their products, such as food or herbs at the market; domestic workers; child and elder care providers; and those who farm, hunt, and fish at a subsistence level to meet their families' needs (Advameg 2017).

Despite the higher rate of women getting university degrees compared to men, women are still clustered into lower-paying, lower-status jobs and have less access to jobs (Hoeft 2014, 20, 216). Even though younger women can increasingly choose to work or be a stay-at-home parent, most women still encounter gender discrimination (20).

A 1992 study found an even distribution of ethnicity for both higher-paying, such as executives and entrepreneurs, and blue-collar jobs. However, Creoles and Maroons clustered in jobs such as teaching, nursing, cleaning, and catering. Asians were clustered in such jobs as shopkeepers, traders, and drivers (193). The Chinese are often viewed as minorities because many do not speak Dutch, and, due to inherited colonial stereotypes, their lighter skin is considered to benefit them socioeconomically. In their lived work experience, many Chinese navigate the stratification between white and black (Tjon Sie Fat 2009, 3). In a 2005 study, many Hindustanis held agricultural jobs (Hoeft 2014, 193). This concentration is ascribed in part to stereotyping of Asians as being naturally predisposed to growing rice (9). Hindustani women have higher unemployment rates due to cultural expectations, which hold men to the role of financially providing for their families (193).

In 1976, Suriname ratified the UN legislation granting refugees and citizens equal treatment under the Social Security Convention of 1962. This grants a range of benefits, such as old-age benefits, medical care, and maternity benefits. While the Surinamese government has ratified or agreed to various UN policies around work, many still live in poverty, and women do not have full access to employment.

Family Life

Suriname is considered to have a patriarchal society in which men are the head of a family (Hoeft 2014). This cultural trait has been more common to Hindustani families

compared to Maroon families, who tend to be matrifocal, or headed economically and emotionally by women (Advameg 2017). Women grapple with various discriminatory or limiting beliefs, for example, some working-class women may be looked at as “immoral” for holding jobs outside the home. Dark-skinned and Creole women may be presumed to be matriarchal, while British Indian women may be labeled “submissive” and Javanese women may be labeled “sexually promiscuous” (Hoeft, 2014, 9).

LGBTQI

Overall, Suriname is not considered welcoming to the LGBTQI community. In a 2014 report to the UN Human Rights Committee, advocacy organizations reported open hostility toward LGBTI people despite the Surinamese Constitution’s recognition of personal freedom and security as rights as well as the right to not be discriminated against based on any status (LGBT 2014; WIPO n.d.). Gay and transgender sex workers are particularly vulnerable to what are considered weekend “clean ups,” where the police harass, intimidate, and arrest them. Lacking specific policies, legislation, and uniform acceptance from government officials, members of the LGBTI community experience discrimination in all areas of their lives. Discrimination includes a lack of marital rights, as same-sex marriage is illegal; the law defines marriage as between one man and one woman. Barring marriage means same-sex couples are also prevented from inheriting their partner’s property or belongings, and they are ineligible for their partner’s pension after death—rights automatically granted opposite-sex couples, whether legally married or not (LGBT 2014).

Transgender persons also face discriminatory practices in the form of structural violence, or the systematic social structures causing harm to people, as the government has consistently failed to create protections to support this community and has not enforced the structures offering gender-based protections (Burtle 2013; LGBT 2014). One example of structural harm is the lack of protections allowing transgender women to work as teachers; instead, the only way they can work as teachers is if they dress in line with their biological sex. Transgender teens face the same issue; they are not allowed to dress according to what they identify as their gender identity or expression (LGBT 2014).

Progress has come in some areas. For example, same-sex activity is legal, as are the rights to adopt, to serve in the military, and to have one’s sexual orientation protected from employment discrimination (Equaldex 2017).

In 2010, a study ranked Suriname 15th out of 25 countries in the Americas in its support for same-sex marriage. Canada, Argentina, and Uruguay were the three most supportive, and El Salvador, Guyana (Suriname’s southern neighbor), and Jamaica were the three least supportive. The study also found that people with higher levels of economic development and education indicated significantly more support for same-sex marriage (Lodola and Corral 2010). Suriname’s status in each area explains its ranking in the middle of the list.

LGBTQI members advocate for their rights and foster community building through pride parades. In 2013, Suriname hosted its third annual march. Since 2011, the organization LGBT Platform Suriname has organized an annual OUT@SU pride parade. One theme has been sexual diversity in the workplace (GayStarNews 2013).

Politics

As with many colonized countries, violence, authoritarian control, contestation, and resistance marked Suriname’s transition from a Dutch colony to an independent country (Hoeft 2014, 1–3). In 1948, Surinamers gained universal suffrage (3). One year after suffrage, Suriname held its first general elections. In 1954, it became autonomous; two decades later, it was deemed an independent republic (3). It celebrates its independence, obtained in 1975 from the Netherlands, on November 25 (CIA 2017). Former Surinamese governor Johan Ferrier (1910–2010) became the first president in 1975, and Henk Arron became prime minister (BBC 2012). Both represented the National Party (NPS), and while Ferrier had historically advocated for unity among all ethnicities, in practice, Creole elites benefited from his rise (CIA 2017; Hoeft 2014, 95).

In 1979, the military, led by Lieutenant-Colonel Bout-erse, forced a coup of the civilian government. Promises of democracy were replaced with repressive tactics, which led to open protest by the Surinamese. Their open revolt was quelled in 1982 by the “December murders” (Hoeft 2014, 24; CIA 2017). In response, the Netherlands and the United States cut economic aid (BBC 2012), contributing to an economic downturn (Hoeft 2014, 24). Resolution to this massacre for relatives and the country as a whole remains elusive, as investigative efforts are regularly circumnavigated (Hoeft 2014, 3, 24; CIA 2017). During this time, Maroons in the interior region held an armed revolt. Hundreds died during the Interior War, and it was five years before the Maroons signed a peace treaty.

Even though Bouterse was forced to step down, he later reemerged and was elected president in 2010 after forming a large coalition among many political parties (Hoeft 2014, 24; BBC 2012). Presently, Suriname is considered a presidential republic, having ratified the current constitution in 1987, with Bouterse continuing his reign as president (CIA 2017).

To the disappointment of the Committee Commemorating the Victims in Suriname, the Organisation for Justice (OFJ), and others hoping to bring Bouterse to justice for his role in the “December murders,” he eluded trial in 2016 through what is seen as a loophole. The chair of OFJ, Betty Goede Jong-a-Liem, expressed her hope that the Surinamese government would not protect those responsible for the murders (*Jamaica Observer* 2016).

Except for the presidency, women have been appointed to or voted into the State Council and the National Assembly (DNA)—the highest levels of government. The 51 DNA members are elected to five-year terms through secret ballot and hold legislative authority along with the government. The current chair of National Assembly and speaker of the Parliament, Dr. Jennifer Geerlings-Simons, is serving her second term in the latter role (UNDP 2017). After a career as a medical doctor and professor at Anton de Kom University, she has been elected to the assembly three times (Summit of Women Speakers of Parliament, n.d.). Another notable woman leader was Minister of Social Affairs and Housing Alice Amafo. She was the first Maroon woman and the youngest minister when first appointed at age 28 in 2005. She was inspired to enter politics after visiting the interior and seeing the living conditions that offer few educational and work opportunities. She joined the Maroon Women’s Network and the cooperating Maroon Experts (CGM 1977). After the 2015 elections, women held 13 of 51 seats, which at 25.5 percent is close to the average of 27.7 percent for countries in the Americas (IPU 2016).

Religious and Cultural Roles

Many religions are practiced; Creoles and Maroons tend to be the largest practitioners of Catholicism and Protestantism. Hindustanis typically practice Hinduism, though some practice Islam or Christianity. Within the Javanese community, many are Muslim. A Jewish community of about 2,700 also exists. Jews originally fled to Suriname during the Spanish Inquisition and established a synagogue in 1719, which later, in 1835, became the Neve Shalom

synagogue (Connelly-Lynn 2015). In addition to being a religiously diverse country, many people reflect this diversity by practicing one or more religions. For example, some people practice Catholicism because they attended Catholic school while also attending Protestant or Hindi services to join their family members (Hoeft 2014, 10–11). That the synagogue is located next to the Ahmadiyya Anjumar Insha’at Muslim Mosque in Paramaribo is often said to exemplify Suriname’s acceptance of many religions, while some may point to the presence of Hindi temples dotting entrances to many homes throughout the city along with other churches (Connelly-Lynn 2015).

Winti

Many Maroons practice Winti (wind), a syncretic religion carried over from Africa and influenced by Amerindian beliefs, Christianity, and Judaism (van Andel 2012, 140). Winti practitioners believe in invisible, supernatural spirits that can control a person through dance, music, prayers, or herbs, unless specific, regular offerings are made to appease the spirits or to make peace with an ancestor and thus prevent disease and bad luck (140). Some believe that unbalanced interactions with nature, such as river pollution, cutting specific trees, or overhunting, can also upset spirits and result in illness or misfortune (140).

Winti practitioners believe that many plants and trees are sacred and magical. They may harvest plants from forests considered sacred or may cultivate them in their own gardens for their personal use or for sale at the Paramaribo market, which provides a small income (143). Sacred plants, leaves, or bark have many uses and are frequently used in herbal baths to promote spiritual well-being, personal happiness, good fortune, or cleansing from evil spirits (141).

Forests and trees considered sacred by Winti practitioners are vulnerable to several forces: migration of Maroons from the forested interior to urban areas; extraction industries including mining and logging; the possibility of evangelical religions overtaking Winti beliefs; and Maroons lack of ownership, or title, to their traditional forests (139). The Suriname federal government holds title to the land and wants to promote income-generating activities that multinational corporations based in the United States and China could provide (140). Scholars have pointed out that respect for Winti practices could contribute to environmental and forest preservation (140). Even though many Maroons live in urban areas and adopt Winti practices, the

loss of Maroon youth to other religions and their migration to cities for work bodes poorly for the passing on of this traditional culture (144). This “cultural destruction” also affects Amerindians (144).

Along with religious celebrations, numerous secular holidays are celebrated—some reflecting days unique to Suriname’s history or celebrating the traditions of one of the ethnic groups. Ketí Koti, or broken shackles, honors Emancipation Day, when enslaved Africans freed themselves (Ibuka News 2015). Maroon Day recognizes the signing of a peace treaty between Okanisi/Ndyuka (Maroons) and the Dutch. Independence Day celebrates Suriname’s independence from the Netherlands (Advameg 2017).

Art and Culture

Oral traditions are appreciated by many communities, as is music. While kaseko and kawina music is popular among Creoles, gamelan orchestras are associated with the Javanese. Artists in other areas, such as writers and painters, are not supported by the government or private organizations, causing many to leave to live and work in the Netherlands (Advameg 2017).

Issues

Suriname faces three significant transnational issues: ongoing border disputes between Suriname and its northern neighbor, Guyana; trafficking of women from nearby countries through Suriname; and transshipment of drugs through the country. The border is located along the lush, dense forest, where it is not always easy to patrol for drug trafficking. Many Amerindians and Maroons cross the border, seeking French Guiana’s better social security (Hoeft 2014, 214).

Human Trafficking and Violence against Women

Suriname is a source, destination, and transit country for women, men, and children who are subjected to sex trafficking and forced labor. Women and girls from Suriname, Guyana, Brazil, Venezuela, and the Dominican Republic are subjected to sex trafficking. Trafficking often occurs near mining camps in the interior and brothels in homes, which are harder to detect and have increased in number. The government has yet to meet the minimum standards to prevent and eliminate trafficking (U.S. Department of State 2016).

Trafficking extends to forced labor, to which men, women, and children are subjected. Chinese migrants are vulnerable to forced labor in agriculture, on fishing boats, in the service industry, and in construction, while children can fall victim to dangerous gold mining, where among other risks, they may be exposed to mercury. While there have been calls for the government to fight trafficking by prosecuting traffickers and by providing financial and other support to antitrafficking organizations, the government has failed to respond (U.S. Department of State 2016).

Migration

Immigrants who come to Suriname for work arrive mostly from Haiti, Brazil, China, and other Caribbean countries. Many Surinamers have become concerned about whether public funds will be used to pay for immigrants’ education, social services, and housing needs. Likewise, many Surinamers immigrate to the Netherlands, French Guiana, and the United States. Suriname’s immigration rules are flexible, and the country is easy to enter illegally because rain forests obscure its borders. Since the mid-1980s, Brazilians have settled in Suriname’s capital, Paramaribo, or eastern Suriname, where there is gold mining. Some Brazilian women have migrated to Suriname and married Surinamese (197).

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Further Resources

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