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Stichting Lobi Health Center



PAREA
LGBT PROFESSIONALS



WOMEN'S RIGHTS CENTRE

Joint submission by: P.A.R.E.A., Stichting Lobi Health Center & Women's Rights Centre



**Domestic stakeholders' contributions to the
39th session of the Universal Periodic Review
of the Human Rights Council on the status of
human rights in the Republic of Suriname**

Stakeholders' contributions to the 39th session of the Universal Periodic Review (UPR) working group of the Human Rights Council in the occasion of the upcoming review of the Republic of Suriname, November 2021

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EXECUTIVE SUMMARY

1. The submitting coalition partners Stichting Lobi Health Center (Lobi Foundation), Women's Rights Centre and Professional Associates for Representation, Equality and Acceptance (PAREA),ⁱ are aware of the importance of upholding all human rights and of the recommendations made in previous UPR sessions. This stakeholder's submission will focus on:

- sexual and reproductive health and rights (SRHR);
- women's rights and gender inequality;
- non-discrimination related to sexual orientation and gender identity and expression.

2. Suriname has made slow progress in reforming its laws and policies on the themes of this joint submission to make them compatible with the Human Rights Treaties it has ratified.ⁱⁱ With this UPR-submission, stakeholders continue their constructive dialogue with the Surinamese government, aiming at the improvement of the human rights situation on the themes as mentioned.

I. SEXUAL, REPRODUCTIVE HEALTH AND RIGHTS

3. Suriname has received recommendations on SRHR in previous cycles of the UPR,ⁱⁱⁱ but due to the unsupportive existing legal and policy frameworks effective implementation and progressive realization of the recommendations remain a serious challenge.

4. Although Suriname has ratified and committed to key international human rights legal instruments, it does not guarantee universal access to SRHR services and education.^{iv}

5. Article 36 paragraph 1 of the Constitution of Suriname grants everyone including women the right to health, while paragraph 2 imposes a legal duty on the state to facilitate the realization of this right.^v Based on applicable treaty law, e.g., Article 12 ICESCR (ratified by Suriname in 1976) and Article 12 CEDAW (ratified by Suriname in 1993), Suriname is obliged to guarantee everyone and in particular women and girls the right to the highest attainable standard of health and the right to non-discriminatory access to healthcare. Both the ICESCR and the CEDAW Committees, clearly indicated that the right to health includes sexual and reproductive health.^{vi} Therefore, states party are obliged to comprehensively respect, protect, and fulfil SRHR.

6. The necessary enabling environment for implementing SRHR comprehensively to ensure sustainable development and sexual and reproductive health for all, is lacking in Suriname. This undesirable situation is the result of a set of factors. Firstly, personal restrictive cultural and gender perceptions of sexuality and sexual identities of individuals in leadership positions, makes them unable or unwilling to understand and acknowledge the sexual and reproductive health needs and rights of specific groups within the community they live in and serve. Secondly, the limited effect of SRHR oriented legal reforms, because they are not internalized through general awareness raising, public debate or training of key groups essential in making the legislation work. Thirdly, insufficiently trained and empowered healthcare workers, social workers, teachers and police officers, with insufficient self-reflection ability to effectively apply a SRHR perspective or approach in the conduct of their profession.

I.1. Comprehensive Sexuality Education

7. The Multiple Indicator Cluster Survey (MICS) 2018 study iterates the unmet need for family planning among youth aged 15 to 19 years, which highlights the need for structural integration of Comprehensive Sexuality Education (CSE) in the national curriculum.^{vii} The unmet need for sexually active women, married and unmarried, aged 15 to 19 years was 59.7% respectively

74.8%. The age specific fertility rate per 1000 youth between 15 and 19 years was 64. The MICS further revealed that of the young women interviewed between 15 and 19 years, 30.1% had comprehensive HIV-knowledge, 30.8% had sex in the past 12 months and only 9.7% had done a HIV-test and knew their HIV-status. Of the interviewed young men between 15-19 years, 32.9% had comprehensive HIV-knowledge, 36.6% had sex in the past 12 months and only 5.3% did a HIV-test and knew their HIV-status.

8. Taking in consideration the CEDAW Committee's General Recommendation No. 24 on Article 12 of the convention,"^{viii} the alarming figures of paragraph 6 urgently call for a structural policy to ensure that adolescents are empowered and strengthened in making informed choices whilst exercising their SRHR. The policies must include in and out of school CSE to contribute to the knowledge, skills, attitudes and values of adolescents enabling them to protect and/or enhance their health, well-being and dignity by making free, responsible and informed healthy lifestyle choices.^{ix}

9. With reference to the UN International Technical Guidelines on Sexuality Education (2018), which reiterates that '*curriculum-based sexuality education programs contribute to delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, decreased number of sexual partners, reduced risk taking, increased use of condoms and increased use of contraception*',^x the Lobi Foundation negotiated a draft Memorandum of Understanding (MoU) in 2018 with the Ministry of Education on integrating CSE as a pilot in the curriculum of seven schools in areas where teenage pregnancies were prominent. Unfortunately, the finalization of the MoU was halted and consequently the implementation of the pilot, due to changes in political leadership, sidelining pivotal officials from the pilot and demonstrating a lack of (political) commitment.

I.2. Cervical cancer: a preventable disease

10. While, according to the WHO, cervical cancer is the fourth most common cancer in women,^{xi} it is the second most common cancer and the leading cause of death amongst women with cancer in Suriname.^{xii} According to the Guttmacher-Lancet Commission women's reproductive cancers, including cervical cancer, are considered an "integral part of women's health policy to achieve both universal healthcare and the Sustainable Development Goals".^{xiii}

11. The WHO Executive Board in its 144th session called for an acceleration initiative amongst member states to eliminate this preventable disease.^{xiv} The call led to the establishment of the Global Strategy, which is aligned with human rights instruments upholding health as a human right as well as linking it to the SDGs, setting the screening coverage target at 70%.^{xv}

12. The Surinamese National Cancer Control Plan 2019-2028 in its current situation analyses found an estimated cervical cancer screening coverage of less than 20%.^{xvi} The majority of preventive screening is done by the Lobi Foundation. Amongst the women diagnosed with cervical cancer 80% are diagnosed in a late stage, of whom 50% had no prior preventive screening.^{xvii}

13. In 2017, 2018 and 2019 the Lobi Foundation supported by the Ministry of Health (MOH) and the Pan American Health Organization (PAHO) initiated a series of pilot and follow up projects to develop and test a national screening model for the country with a community-based approach and a survey on barriers to screening. The results of these projects were presented at a National Symposium in June 2018 and integrated into the National Cancer Control Plan.^{xviii} Unfortunately, the MOH has not taken any follow-up initiatives to develop and implement a national cervical cancer screening plan to improve the response to this preventable disease and avoid unnecessary related deaths.

14. To date, Suriname has no national comprehensive cervical cancer screening program that includes a budgeted national cervical cancer control policy. This denies women the full enjoyment of the right to health and access to adequate SRHR services that meet the AAAQ-Framework (Availability, Accessibility, Acceptability and Quality) standards as set out by the ESCR Committee in particular.^{xix}

I.3. Decriminalization of abortion

15. Suriname applies a criminal law approach to abortion, making it illegal, regardless of the risk to the pregnant women's life, pregnancy in the case of rape or incest, or fetal malformation incompatible with life. This makes Suriname one of the less than 20 countries in the world^{xx} with such inhuman criminal standards that are coercive in reproductive decision making^{xxi} and therewith it violates international human rights law and standards.^{xxii} In 2018, in the case *Manuela and family against El Salvador*, the Inter-American Commission on Human Rights (IACHR) confirmed that legislation that bans abortion in all circumstances is not compliant with international human rights standards and therefore called on El Salvador to amend its legislation.^{xxiii} In 2019, in the context of El Salvador's criminalization of abortion, this case was filled under number 13.069 with the Inter-American Court of Human Rights by the IACHR.^{xxiv}

16. Although the Surinamese government claims that it does not enforce the abortion criminal laws,^{xxv} it fails to justify why it does not amend the laws accordingly to the 2017 urge by the IACHR to adopt comprehensive, immediate measures to respect and protect women's SRHR, including legal and safe abortions,^{xxvi} to create an environment in which women can fully enjoy their right to health.^{xxvii}

17. It is public knowledge that because of the illegal status of abortions, women and girls in need of an abortion resort to unsafe abortions with serious health threats. Not seldom, women end up at the emergency room of the Academic Hospital with complications due to unsafe abortions causing serious health threats. Another result of the illegality of abortion is the absence of reliable abortion-related data, because abortions done in hospitals are inaccurately registered as dilation and curettage. Nonetheless, estimated numbers of annual abortions are ranging between 5.000 and 10.000.^{xxviii} Furthermore, due to its illegality, abortions are not covered by health insurance packages, causing adverse financial affects hampering access to safe abortion services, including effective pre- and post-abortion counselling services aimed at harm reduction and future unwanted pregnancies as an integrated part of comprehensive SRHR-policies. This means that while safe abortion is available mostly to wealthy women, it is an additional violation of the right to health for poor women and the most marginalized, who might undergo financial risks in order to access this service. Furthermore, abortions, including medical abortions with Cytotec, occur without proper medical guidance and information on the potential risks and adverse effects.

18. The Surinamese government has committed towards the progressive implementation of the commitments of the 2013 Montevideo Consensus^{xxix} and those of the 1994 International Conference on Population and Development (ICPD) Programme of Action. The latter were reaffirmed at the 2019 ICPD Nairobi Summit, by Suriname.^{xxx} On March 4, 2021 while visiting the Lobi Foundation, the Health Minister expressed his commitment to amend the current legal abortion ban in all circumstances.^{xxxi}

19. These commitments fit seamlessly with the legal obligation deriving from core human rights documents in particular Article 16 sub e, CEDAW requesting all appropriate measures to ensure women can decide "*freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.*" Also, Article 36 paragraph 2 of the Constitution of Suriname,^{xxxii} Article 12

(CEDAW) and Article 12 (ICESCR), request availability and access to the highest attainable standard of physical and mental health by women, while the CEDAW Committee's General Recommendation 24 paragraph 31c requests to in particular prioritize the amendment of legislation criminalizing abortion in order to withdraw punitive measures imposed on women who undergo abortion.^{xxxiii}

20. However, it is indisputable that Suriname falls short in complying with its SRHR legal obligations arising from constitutional and treaty law,^{xxxiv} causing severe adverse financial and health implications for financially unsustainable women and girls who mostly belong to the poorer quintiles in society and are in dire need of an abortion.

I.4. Maternal mortality

21. In Suriname, which is one of the top five countries with the highest MMR, maternal mortality is another alarming fact in relation to women's SRHR. The Surinamese maternal mortality ratio (MMR) is estimated at 120 (2017) and corresponds with the MMR of 130 of the maternal mortality survey (2010-2014), with an average of 12 maternal deaths per year (2010-2018).

22. With a MMR 160 the rural interior has the highest MMR, followed by the urban areas Paramaribo and Wanica (MMR 145), the rural coastal area (MMR 120) and the Nickerie area (MMR 80). The highest percentage of the deaths is among Maroon women (37%) and women in poverty (69%). Preliminary data on ethnic disparities shows that Maroon women had the highest maternal mortality ratio (184 per 100,000 live births) and the highest still birth rate (25 per 1,000 babies born) (2016/ 2017).

23. Maternal mortality occurs during pregnancy, childbirth and the post-partum period. Most women die during the post-partum period (63%) of which (84%) occur in health care facilities, mainly in urban hospitals. The main causes of maternal mortalities are infections (27 %) obstetric (9%) and non-obstetric sepsis (18 %), bleeding (20%), high blood pressure (14%), indirect causes, other than non-obstetric sepsis (14%).

24. Substandard care in health facilities and lack of postnatal care are among the factors associated with poor maternal health. Most maternal deaths occurred in hospitals (84%) and were due to third delay, meaning that the health care provided in the health care facility was insufficient. Substandard care factors were observed in 95% of all maternal deaths and were mostly related to health professionals and most likely resulted in death in 47% of the cases. A high rate of deaths (63%) occurred in the post-partum period, presumably due to inadequate quality of postnatal care. There is no standardized national postnatal care program or guideline for hospitals. Other factors are inadequate financial and geographical service accessibility, teenage pregnancies, risk factors such as anaemia, obesity, diabetes and hypertension, domestic violence and traditional practices.^{xxxv}

25. Closely related to maternal health are the stillbirths. Suriname has a very high stillborn rate of 15.6 stillbirths per 1,000 babies born (2016/2017); the second highest of the region. The neonatal mortality rate is also very high at an estimated 12 per 1,000 live births (MICS, 2018).

II. WOMEN'S RIGHTS AND GENDER INEQUALITY

26. Suriname has received recommendations on women's rights and gender inequality in previous cycles of the UPR,^{xxxvi} but due to the existing unsupportive legal and policy frameworks effective implementation and progressive realization of the recommendations remain a serious challenge.

II.1. Sexual and gender-based violence, discrimination and stigmatization^{xxxvii}

27. The Agreed Conclusions of the 63rd Session of the Commission on the Status of Women of 2019,^{xxxviii} reaffirms the assertion of the CEDAW Committee General Recommendation No. 19 and No. 35 that violence against women is a form of discrimination, which affects women disproportionately in enjoying their rights and freedoms on a basis of equality with men and that the prohibition of sexual and gender-based violence (SGBV) against women has evolved into a principle of customary international law, binding all States, including Suriname.

28. Women, girls, lesbian, bisexual and trans women, women living with HIV, sex workers and migrant women and girls in vulnerable situations^{xxxix} in Suriname experience SGBV, discrimination and stigmatization in the private and the public domain.^{xl} Approximately 32% of women experience at least one act of physical or sexual violence perpetrated by their male partner. Non-partner violence against women is also prevalent, with sexual violence being the most common.^{xli} In the period 2017-2020, a total of 34 women were killed of which 18 by their partner.^{xlii}

29. Some risk factors heightening women and girls' exposure to SGBV are young age, low educational level, pregnancy and early cohabitation with a male partner. Also, social and cultural attitudes contribute significantly to maintaining entrenched gender roles within society.^{xliii}

30. In terms of laws and policies, Suriname has adopted the Inter-American model legislation on femicide.^{xliv} The model law^{xlvi} calls for preventive measures^{xlvi} in addition to a repressive approach, to prevent, punish and eradicate the gender-based murder of women, committed by a partner, ex-partner, any individual or group of individuals with whom the women had or may have had an interpersonal relationship, or agents of the government.^{xlvii} However, SGBV response is not mainstreamed in government policy. Hence, there exists no targeted budget, standard operational procedures or multi-sectoral approach. Article 500a (Penal Code), explicitly prohibits discrimination in the exercise of an office, profession or business based on a closed list of grounds that includes sexual orientation, but not, gender and health (HIV).^{xlviii}

31. Also cultural traditions contribute to SGBV.^{xlix} Illustrative of this is the grieving tradition within the Saamaka Maroon culture, where a widow is obliged to conclude her mourning period with sexual intercourse with a brother of her deceased husband. Not adhering to this cultural tradition could risk her future partner to be haunted by the spirit of the deceased husband. Although this mourning tradition also applies to widowers, it is custom that he has sexual intercourse with a city prostitute of his own choice.^l Over the past decades, and especially because of HIV, Saamaka women, unlike men, became aware of the health risks involved in honouring this custom. In the 1990's the then sitting Gaanman (paramount chief) Songo Aboikoni of the Saamaka committed himself to abolish this tradition. However, his successors did not proceed, causing the abolishment not to be formalized. To date, according to consulted informants, in the villages where the tradition is still observed^{li} the majority of widows seem to adhere to it. On the other hand, a minority of Saamaka widows of the tradition observing villages either oppose or demand the use of a condom, due to the health risks involved.^{lii}

32. Articles 65 and 66 of the Police Penal Code prohibit indecent conduct by women on the street, in doorways or the proximity of drinking bouts.^{liii} It is common practice by law enforcement to apply these provisions on street sex workers. Since club sex work, except pimping,^{liv} is regulated through, for example, health and permit regulations but not criminally prohibited, only street sex work is illegal. This criminal approach to street sex workers makes them vulnerable to all kind of mistreatment from pimps, clients, and even police. Street sex workers shared stories of being robbed, raped and/or beaten. The illegality of sex work activities also impacts on sex workers' ability to stay safe from disease, as their illegal encounters happen quickly with little to no room for safe sex negotiations.

II.2. Sexual harassment at the workplace^{lv}

33. Sexual harassment at the workplace is a multifaceted infringement on human rights. Worldwide, including in Suriname, women and girls are disproportionately affected. Sexual harassment violates human rights, including sexual rights directly and the right to employment and a decent living standard indirectly. Moreover, it further exacerbates the vulnerable position of women and girls with less or no access to further education, information and technology, especially in remote areas.

34. By both employees and employers, sexual harassment is recognized as a serious problem in the most recent research on sexual harassment in selected private and public departments (2011). One in five women, and one in ten men respondents had experienced sexual harassment more than once. The research links sexual harassment to structural and cultural factors such as unequal gender relations, hierarchical organization structures, a sexualized context and a 'macho' culture.^{lvi}

35. Since the reported preparation of three draft legal instruments by the National Committee on Gender Legislation,^{lvii} and the collaboration between the UN Trust Fund and the Foundation Ilse Henar Hewitt (NGO) in executing a project to eliminate sexual harassment at the workplace^{lviii} by Suriname in 2011, not much progress can be reported on the legislative process.

36. In January 2020, several NGOs dedicated to women's rights received a letter from The National Assembly,^{lix} requesting their feedback on the Draft Laws on promoting equal treatment in labor issues and on prevention and combatting of violence and sexual intimidation in labor issues, which were up for debate in Parliament. After they promptly provided the requested feedback the NGO's received no further notice on progress made.

37. In November 2020, during the 16 Days of Activism to End Gender Violence, the Ministry of Labor, Employment and Youth Affairs informed the media that both Draft Laws are under debate by Parliament and emphasized the importance of addressing this problem, consequently called on employers to anticipate on legislation and to implement policies at their workplace to prevent violence".^{lx}

38. Anecdotal evidence suggests that economic decline worsens the situation and that most women working in the informal sector in domestic locations, their own or client's home, face sexual harassment. Domestic servants, pedicures, masseurs, caterers or women working in real estate shared horror experiences with clients who suggested or demanded sexual services. These threats limit women in maximizing their potential in skill, trade or business.

III. NON-DISCRIMINATION

39. Suriname has received recommendations on non-discrimination and sexual orientation and gender identity and expression in previous cycles of the UPR,^{lxi} but due to the existing unsupportive legal and policy frameworks effective implementation and progressive realization of the recommendations remain a serious challenge.

III.1. Sexual orientation and gender identity and expression

40. Suriname made a positive shift in its position on recognizing, respecting, protecting and fulfilling the human rights of LGBTQI individuals between the 2011 and 2016 UPR sessions. This shift is also translated into specific state actions in the period 2016-2021. However, stakeholders caution against the government's position supporting the role of public hearings

in determining the full enjoyment of all human rights by LGBTQI individuals,^{lxii} as it is incompatible with the Constitution of Suriname, which recognizes the principle of non-discrimination on any ground regardless of public opinion.^{lxiii} The full enjoyment of all human rights is an inherent right of every human being and not a gift, therefore it should in no circumstance be made subject to the arbitrary approval of other members of society.

41. Following the enactment of anti-discrimination criminal law reforms in 2015,^{lxiv} two new draft labour laws^{lxv} on respectively preventing and combating workplace related violence and sexual harassment^{lxvi} and the promotion of equal treatment in employment^{lxvii} with explicit protection of LGBTQI individuals^{lxviii} were submitted to parliament in July 2019. January 9, 2020, Parliament held its first meeting on aforementioned draft laws.^{lxix} Sadly, no further development can be reported since January 2020.

42. In 2020 the newly elected coalition demonstrated political commitment by inviting the LGBT-platform to contribute to the development of a coalition agreement.^{lxx} December 2020, PAREA received and accepted an invitation to participate in the UPR-Committee established by the Ministry of Justice and Police of Suriname.

43. Noting, LGBTQI-oriented human rights violation complaints,^{lxxi} the broad public support for the full enjoyment of all human rights by LGBTQI individuals, revealed by the public hearing following the UPR2016,^{lxxii} the political moves suggesting an intention to adopt an LGBTQI inclusive approach and the draft labor laws, still little progress can be reported towards the enactment and adoption of necessary robust and comprehensive legislation and policies to effectively prevent and punish all forms of rights violations based on sexual orientation or gender identity in all settings.^{lxxiii}

III.1.1. The right to family life

44. In Suriname the right to family life through marriage is exclusively guaranteed for couples of opposite sexes by Article 80^{lxxiv} in conjunction with Article 138^{lxxv} Civil Code, which is incompatible with the constitutional prohibition to discriminate on the bases of sex.^{lxxvi} Article 80 Civil Code is therefore considered a wrongful and discriminatory legal barrier to full enjoyment of the right to family life through marriage^{lxxvii} for non-opposite-sex partners.

45. Article 80 Civil Code is archaic and contradicts more recent social security laws.^{lxxviii} The current social security laws equate marriages and long-term joint households as forms of cohabitation in which partners are offered equal protection.^{lxxix} Contrary to Article 80 Civil Code, the legislator used a gender-neutral definition of partnerships in the current social laws.^{lxxx}

46. Another form of discrimination resulting from article 80 unfolds at the Central Bureau of Citizen Registration (CBB). Based on the opposite-sex element of the Article 80 marriage definition, CBB refuses to recognize and register valid LGBTQI marriages from foreign jurisdictions. The CBB refusal violates Article 136-119 Civil Code^{lxxxi} and the HCCH 1961 Apostille Convention,^{lxxxii} to which Suriname is a party. The refusal also violates Article 137 of the Civil Code,^{lxxxiii} which stipulates that presented valid foreign marriage certificates must be registered in the public marriage register. Furthermore, the refusal is inconsistent with the opinion of the Inter-American Court of Human Rights on gender identity and same-sex marriage of November 24, 2017.^{lxxxiv}

47. By not (properly) registering LGBTQI marriage certificates, Suriname discriminates against LGBTQI spouses, which deprives them from the ability to prove their marital status before law and in practice, as stipulated in Article 153 Civil Code,^{lxxxv} and therewith from the full enjoyment of the legal certainties provided by the marriage.

48. The Civil Code is currently under review, but so far, no attention has been given to the aspect of discrimination on sexual orientation and gender identity of Article 80.

49. The sole interest served with child adoption is the wellbeing of the child.^{lxxxvi} Based on this general understanding there is no valid ground for granting the legal possibility to child adoption to exclusively spouses of opposite-sex.^{lxxxvii} The exclusion of LGBTQI spouses is discriminatory.

50. According to article 342k paragraph 1 and article 342m paragraph 1 sub c of the Civil Code, only married couples can request the adoption of a child. The eligibility requirement of marriage for child adoption must apply equally to all lawful marriages. However, read in conjunction with Article 80 Civil Code that allows only opposite sexes to marry each other, combined with the practice where foreign deeds of LGBTQI matrimonies are not (proper) registered, the current marriage-requirement excludes all non-opposite-sex spouses. Article 342 paragraph 1 under d Civil Code refers explicitly to the maximum permitted age difference between the male and female spouse with the child to be adopted, which adds to the exclusionary effect of the marriage-requirement.

51. The fact that LGBTQI married couples are ineligible to adopt a child, due to the opposite-sex element of the marriage requirement, constitutes a discriminatory and unfair treatment based on sexual orientation.

III.1.2. Sex re-assignment and related services

52. On January 11, 2017, the domestic District Court ruled that there is no legal prohibition to re-assign one's sex in Suriname.^{lxxxviii} The ruling is in sync with the issued advisory opinion on gender identity and same-sex marriage of the Inter-American Court of Human Rights of November 24, 2017.^{lxxxix}

53. The 2017 ruling ordered the Central Bureau for Citizen Registration (CBB) to comply with the law and record the changed gender of the interested party in the Registers of Births. To the dismay of many, including the then Minister of Justice and Police, the Ministry of Internal Affairs under which the CBB resides, appealed the District Court decision.^{xc} In appeal no judgment has yet been rendered. And because the decision at first instance was not declared enforceable in advance, the adjustment of the birth certificate ordered by the court has still not been made.

54. Article 23-15 Civil Code stipulates that the sex of an individual must be recorded on the deed of birth.^{xc} In addition, the Law on Special Rules for Supplementing the Civil Status Registers of 2013,^{xcii} Article 1 paragraph 1 defines an interested party as anyone who has a financial, social or any reasonable interest in the relevant supplement. Article 2 paragraph entitles every interested party to make a written request, using article 21 paragraph 6 and Article 53 paragraph 4 of the Surinamese Civil Code, to supplement the birth or death registers. Article 67 Civil Code provides that all judicial rulings to correct or supplement deeds, which have become final and binding, will be processed accordingly by the registrar of births, marriages and deaths. This immediately upon presentation thereof, and will, in the event of correction record thereof on the side of the corrected deed, in accordance with the provisions of article 17 Civil Code.

55. Based on the applicable legal framework, enjoying a life in accordance with one's emotionally viewed correct sex and gender is not prohibited, even if this requires gender- or sex-reassignment. While legally not prohibited, access to medical or surgical transitioning options is burdened primarily due to lack of availability of these services and financing.^{xciii}

56. Also correction of deeds following gender- or sex-reassignment is not prohibited. Referring to the argument of the court ruling of January 2017 that gender from a legal perspective affects

the state of a person, R. Somaroe, a legal scholar, argued in her master's thesis that rights and obligations are attached to 'the state of the person'.^{xciiv} The Court considered that the 'state of the person' consists of a set of circumstances that determine the person's legal status and distinguishes the individual from other members of society. Furthermore, that a recorded status (name, gender, place of residence) in a deed of the Civil Registry bares legal consequences for the individual.^{xciv}

57. Now that case law established that there exist no legal barriers to record a re-assigned sex and gender in the public civil registers, it must be concluded that the experienced barriers are due to the lack of effective policies, measures and a comprehensive definition of the concept of gender.^{xciiv} It should be noted that despite the January 2017 judgement on gender re-assignment, which the Ministry of the Interior appealed, its National Gender Policy Office Integral Gender Action Plan 2019-2020 continued to use a restrictive definition of gender (male – female).^{xciiv}

58. Currently gender is recorded in the deeds of the Civil Registry solely based on the external sex characteristics of the child at birth.^{xciiv} This method is insufficient, since the visually perceptible characteristics do not necessarily have to correspond to the gendered feeling of the individual, and hampers sex and gender re-assigned individuals in fully enjoying their related human rights.

RECOMMENDATIONS

In response to the above-reported issues the stakeholders urge the government of Suriname to in tandem with the ongoing creation of an enabling environment, progressively work toward the implementation of the following recommendations:

Sexual, Reproductive Health and Rights:

1. Take measures to enable full compliance with the General Recommendation No. 24 on Article 12 CEDAW, in particular aimed at guaranteeing timely access to the range of family planning services, sexual and reproductive health services, health education of adolescents, including information and counselling on all methods of family planning, and draft and submit State-reports on these measures.

Comprehensive Sexuality Education:

2. Develop and implement a comprehensive national policy to integrate CSE in the national education curriculum at the different school levels, as well as in programmes targeting out of school adolescents.

Cervical cancer:

3. Develop and implement a comprehensive AAAQ standardized, budgeted national cervical cancer control program that ensures a continuum of effective healthcare (prevention, screening, treatment and rehabilitation), with due regard to the social determinants of health.

Decriminalization of abortion:

4. Initiate and facilitate with reasonable time-bound targets, the abortion decriminalization process as part of a national debate on the development and implementation of comprehensive SRHR-policies, based on evidence-based data and adequate research on (un)safe abortions and their impact on women's health.

Maternal mortality:

5. Develop and implement in partnership with relevant stakeholders maternal healthcare policies and measures that ensure accessible, sufficient and timely obstetric care for all women; a national budgeted postnatal care program; national protocols and guidelines addressing the main causes of maternal mortality during pregnancy, childbirth and the post-partum period; a national maternal mortality surveillance system and a national monitoring mechanism that closely observes the trends in maternal deaths.

Traditions violating sexual consent and gender equality:

6. Ensure the protection, respect and fulfilment of the cultural rights and the right to health of the Samaaka people.

Sexual and gender-based violence, discrimination and stigmatization:

7. Incorporate the Inter-American Model legislation Femicide in its entirety in the Criminal Code and in line with it, develop, dedicate adequate resources, and carry out a comprehensive multi-sectoral policy approach, in particular protocols aiming at enhancing and guaranteeing the provision of professional sexual and gender-based violence services.

8. Reform the criminal regime through the inclusion of gender and HIV-status in article 500a of the Penal Code and by abolishing the offence of 'indecent conduct by women on the street, in doorways or the proximity of drinking bouts', while increasing the capacity on all levels of the Ministry of Justice and Police and the Ministry of Health on the human rights of sex workers.

Sexual harassment at the workplace:

9. Guarantee and facilitate an in-depth public debate including with women's organizations and labor unions as input for the current draft legislation around sexual harassment at the workplace, while simultaneously investing in awareness-raising around sexual rights, for specific target groups in culturally appropriate language.

The right to family life

10. Continue to reform the legal framework on the right to family life, utilizing the ongoing Civil Code reform process, as well as the applicable policy framework to eliminate all direct and indirect forms of discrimination against LGBTQI people.

Sexual orientation and gender identity-based rights violations:

11. Enact and adopt comprehensive legislation and policies that prevent all forms of discrimination based on sexual orientation and gender identity and provide appropriate civil and criminal legal remedies to victims of these forms of discrimination.

Sex re-assignment and related services:

12. Review and where necessary revise existing policies and measures on gender, gender re-assignment and on supplementing the civil status registers in accordance with a re-assigned gender and sex to make them compatible with the Constitution and related binding legal provisions of human rights treaties.

Annex 1 Background stakeholders of the coalition

NAME	BACKGROUND DESCRIPTION
Parea Suriname	<p>Established on August 14, 2014, Parea is the association of lesbian, gay, bi- and transsexual (LGBTI) professionals in Suriname. It serves as a support network for the LGBTIQI community in Suriname. By combining professional and social networks of its members, Parea wants to give back to society as a whole, but to the LGBT community specifically. Our 40+ members are working in a broad range of sectors. Parea is active in several fields: Human Rights, Training and Education, Awareness and Health. Throughout the 6-year history of Parea build strong partnerships on national, regional and international level.</p> <p>In Suriname we have engaged with the national government, civil society organizations, the private sector, embassies, and international organizations represented in Suriname. In collaboration with the then minister of Justice and Police, Mrs. Jennifer van Dijk-Silos, in 2016, we progressively worked on the establishment of a national commission for diversity and inclusion. This national commission is the first ever governmental organ that focuses on the rights of LGBTI people. Another milestone on national level that illustrates the progress made so far is the Declaration of Paramaribo. Together with a number of private sector partners we launched this declaration in which commitments were made to work on prohibiting of discrimination based on sexual orientation. A number of partners have signed this declaration, and many followed after the launch.</p> <p>Moreover, in collaboration with the American, Argentine, Brazilian, Canadian, Dutch and French embassies in Suriname Parea organized several activities from conferences to exhibitions to film festivals. We are also one of the proud contributors of the annual Suriname Pride Month.</p> <p>On the regional and International level, we also have strong relations with: Workplace Pride Foundation in Amsterdam, the Parliamentarians for Global Action in New York, Interpride, CARICOM, USAID, Human Rights Watch, Linkages, and the European Union.</p>
Stichting Lobi Health Center	<p>Growth and pioneering</p> <p>Stichting Lobi Health Center (in short Lobi) was founded on February 29, 1968 by people working in the social and medical sector, who were confronted with people with sexual problems. The Surinamese woman enjoyed special attention with her problems. The foundation was recognized as The Family Planning organization by the Ministry of Health in 1987. In the 1980s and 1990s, the Foundation worked on the emergence of the HIV / AIDS epidemic to set up a revolving fund for anti-retrovirals for HIV-positive people. In 1998-2001, the first and only national Pap Smear cervical cancer screening program was conducted in collaboration with the Ministry of Health. In 2006, Lobi gained the position of accredited member of the International Planned Parenthood Federation, the IPPF. In 2007 Lobi introduced the Visual Inspection with Acetic Acid (VIAA-method) for cervical cancer screening in Suriname through research. In 2017, the Foundation was promoted by IPPF to a Tier-2 level organization because of its performance and the strong reduction of financial risks. Based on its 35 years of experiences with cervical cancer screening and insights in the health sector, Lobi developed a model for a national cervical cancer screening program which was tested as a pilot project in the Saramacca district with co-funding from the PAHO and the Government of Canada funding channeled through the PAHO. The project included a survey on barriers to screening among women in Saramacca. This best practice model for a national cervical cancer screening program is based on a rollout model per district, looking at social determinants of health and with a community-based approach. The results of this pilot project and the findings of the survey conducted on barriers to screening are included in the National Cancer Control Plan 2018 - 2028. In 2018 Lobi initiated a national symposium in collaboration with the PAHO/WHO, the Ministry of Health and the Association for Post Academic Medical Education for physicians, nurses and specialists (SPAOGS) aiming towards a national</p>

	<p>program for cervical cancer screening. The recommendations were presented to the MOH.</p> <p>Target groups Lobi has as its target group in principle the whole population but focuses also strongly on women, girls, men, adolescents and youth in the field of Sexual Reproductive Health and Rights.</p> <p>General goal Contribute to keeping the Surinamese population healthy by offering preventive, integrated and quality Sexual and Reproductive Health care services.</p> <p>Specific objectives:</p> <ul style="list-style-type: none"> • Strengthen clients in making informed decisions about SRH & R and Family Planning • Promote safe and responsible sexual behavior • Prevention of unwanted pregnancies and thus the prevention of unsafe abortions • Prevention of cervical cancer • Detection of early breast or prostate abnormalities which could lead to breast or prostate cancer • Prevention of STIs including HIV • Promote participation of the man in SRH & R <p>With its fiftieth birthday in February 2018, the foundation started a rebranding process portraying the organization as a well-organized Public Health organization strongly focusing on prevention. The core will remain on SRHR-services, that can be categorized in the following types of services:</p> <ul style="list-style-type: none"> • Family Planning • Cancer prevention and early detection • Sexually Transmitted Infections, including HIV • Psychosocial counseling, education and training • Outreaches
Women's Rights Centre	<p>Foundation Women's Rights Centre was established on January 27th, 1997 by four women's rights activists. Its purpose is to provide services to curb all forms of violence against women, to lobby and advocate for the compliance of women's rights and to deal with relevant women's rights issues with concern to gender equity and equality.</p> <p>From the beginning WRC organized many activities and participated in several programs some of which it initiated. Although WRC is not a primary care organization, on a regular basis, we do support and empower individual women at their request. WRC, no doubt, has a track record if it comes to curbing domestic violence.</p> <p>The main goal is to:</p> <ul style="list-style-type: none"> • Provide services to eradicate all forms of violence against women; and • Lobby and advocate women's rights from a broad perspective. <p>The core values are:</p> <ul style="list-style-type: none"> • The development of human beings is paramount; • Every individual, male as well as female, has the right to fully develop its potential and the right to be protected by the state; • Women's rights are human rights; • Society and women in particular, have the right to information on human rights in general and women's rights in particular. <p>Target groups</p>

	<p>Our services are directed to the society in general. We thereby direct our attention to relevant and strategic actors to assist in achieving a society in which there is gender equity and equality, one in which women's rights are recognized and guaranteed.</p> <p>WRC is active in the field of training, research, lobby and advocacy, advice and support. And a recognized positive track record for merits focused on domestic violence intervention, the perception of women and human rights, gender equality and sexuality.</p> <p>In addition to our monthly column 'Genderoptiek' (from April 2004) in De Ware Tijd daily newspaper, our website wrccsuriname.org (from January 2018) is also an instrument to promote gender equity and gender equality, advocate women's rights and eradicate all forms of violence against women and vulnerable groups.</p> <p>Three times (2002, 2007 and 2018) a delegation of WRC and Ultimate Purpose presented critical issues of concern regarding the discrimination of women to the CEDAW Committee when reviewing the periodical reports of the State party.</p>
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Annex 2 Rapportage Hearings Commissie Diversiteit & Inclusiviteit. Hoe is het gesteld met stigma, discriminatie & acceptatie van LGBTI-persoon in Suriname? (in original language Dutch)

Annex 3 Letter LGBT Platform Suriname Nationale hearing en consultatieronde nieuwe regeercoalitie voor het te samenstellen nieuw regeerakkoord (in original language Dutch)

Endnotes:

ⁱ See Annex 1 on the background of the stakeholders of the coalition

ⁱⁱ Ratification Status for Suriname;

https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=166&Lang=EN

ⁱⁱⁱ See recommendations 72.22 (Indonesia), 72.24 (Cuba), 72.29 (Argentina), 73.26 (Norway), (Germany) and 73.51 (Trinidad and Tobago) that are all supported by Suriname, *UPR 2011 A_HRC_18_12_Add.1-EN.pdf* & *A/HRC/18/12*,

<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G11/145/97/PDF/G1114597.pdf?OpenElement>, and recommendations of which 133.37 (Ghana), 133.87 (Senegal) and 133.98 (Colombia) received support from Suriname, while 135.33 (Mexico) received partial support and 135.41 (Colombia) did not receive support but was noted by Suriname, *UPR 2016 A_HRC_33_4_Add.1_AV.pdf* & *A_HRC_33_4_Add.1_Suriname_Annexes_E - revised.pdf*.

^{iv} See for example, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, the Child Rights Convention and political commitments to international human rights based political declarations, including the 1994 Programme of Action of the United Nations International Conference on Population and Development, the Beijing Declaration and Platform for Action (1995), the Montevideo Consensus (2013) and the 2030 agenda for the Sustainable Development Goals (SDGs).

^v The Constitution of the Republic of Suriname. Article 36 paragraph 1 states '*Everyone has the right to health*'. Paragraph 2 states '*The State promotes general health care by systematically improving living and working conditions and provides information to protect health*'. <http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/grondwet-suriname/>

^{vi} Committee on Economic, Social and Cultural Rights (CESCR), general comment 14, paras. 14, 21, Committee on the Elimination of All Forms of Discrimination against Women, general recommendation 24, para. 27

^{vii} See Ministry of Social Affairs and Public Housing 2019. Suriname Multiple Indicator Cluster Survey 2018, Survey Findings Report.

^{viii} See CEDAW General Recommendations No. 24 paragraph 23

^{ix} See WHO recommendations on adolescent sexual and reproductive health and rights. Geneva: World Health Organization; 2018.

^x See the International Technical Guidance on Sexuality Education; An evidence-informed approach; UNESCO 2018

^{xi} https://www.who.int/health-topics/cervical-cancer#tab=tab_1

^{xii} Comprehensive Cancer Control Plan Suriname 2019 – 2028 (dr. Els Dams)

^{xiii} See Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher -Lancet Commission; www.thelancet.com Vol 391 June 30, 2018

^{xiv} See EB/144/SR/13- 30 January 2019

^{xv} Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: World Health Organization; 2020

^{xvi} Comprehensive Cancer Control Plan Suriname 2019 – 2028 (dr. Els Dams)

^{xvii} Presentation for the National Symposium on Cervical Cancer June 2018 (Els Dams)

^{xviii} See Preparatory Pilot towards a National Cervical Cancer Screening Program (Model for a Roll Out Screening per District), End Report - Lobi Foundation, Nensy Bandhoe (December 2017); Presentation Barriers to Screening for the National Symposium on Cervical Cancer June 2018 (Nensy Bandhoe)

^{xix} See Committee on Economic, Social and Cultural Rights (CESCR Committee), General Comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of ECOSOC), U.N. Doc. E/C.12/GC/22

^{xx} See the world map on abortion laws at <https://reproductiverights.org/worldabortionlaws>

^{xxi} See Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher -Lancet Commission; www.thelancet.com Vol 391 June 30, 2018 - '*Forcing a woman ... to continue a pregnancy that she does not want, violates the right to decide freely whether and when to bear a child-and the right to have that decision respected and guaranteed by government*'

^{xxii} M.A. Castelen, *Women's Reproductive Health Rights the Rule of Law and Public Health Considerations in Repealing the Criminal Laws on Abortion in the Republic Suriname*, University of Toronto, Toronto, 2009, https://books.google.nl/books/about/Women_s_Reproductive_Health_Rights_the_R.html?id=d5vnzAEACAAJ&hl=en&output=html_text&redir_esc=y

^{xxiii} OAS, Inter-American Commission on Human Rights, IACHR Urges El Salvador to End the Total Criminalization of Abortion,

http://www.oas.org/en/iachr/media_center/PReleases/2018/042.asp

^{xxiv} OAS, Inter-American Commission on Human Rights, IACHR Brings El Salvador Case before IA Court, https://www.oas.org/en/iachr/media_center/PReleases/2019/255.asp

^{xxv} Combined initial and second periodic report of Suriname, CEDAW/C/SUR/1-2, (2002) at 65 under “Reproductive Health”

^{xxvi} OAS, Inter-American Commission on Human Rights (IACHR), ‘IACHR Urges All States to Adopt Comprehensive, Immediate Measures to Respect and Protect Women’s Sexual and Reproductive Rights’, October 23, 2017.

https://www.oas.org/en/iachr/media_center/PReleases/2017/165.asp

^{xxvii} See Committee on Economic, Social and Cultural Rights (ESCR Committee), General Comment No. 14 (2000) on the Right to the Highest Attainable Standard of Health (Art. 12 of the International Covenant on Economic, Social and Cultural Rights), *contained in Document E/C.12/2000/4*.

^{xxviii} See Suriname Progress Report on the implementation of the Montevideo Consensus 2013-2017 from the Ministry of Home Affairs (Dr. Julia Terborg – 2018)

^{xxix} See ECLAC, Montevideo Consensus on population and development

https://repositorio.cepal.org/bitstream/handle/11362/21860/15/S20131039_en.pdf

^{xxx} See ICPD Nairobi Summit, <https://www.nairobisummiticpd.org/search/site/suriname>

^{xxxi} See the daily newspaper De Ware Tijd, ‘Minister wil abortus bespreekbaar maken’, March 5, 2021,

<http://www.dwtonline.com/laatste-nieuws/2021/03/05/minister-wil-abortus-bespreekbaar-maken/>

^{xxxii} M.A. Castelen, *Women's Reproductive Health Rights the Rule of Law and Public Health Considerations in Repealing the Criminal Laws on Abortion in the Republic Suriname*, University of Toronto, Toronto, 2009, https://books.google.nl/books/about/Women_s_Reproductive_Health_Rights_the_R.html?id=d5vnzAEACAAJ&hl=en&output=html_text&redir_esc=y

^{xxxiii} See UN Committee on the Elimination of Discrimination Against Women (CEDAW), CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health), 1999, A/54/38/Rev.1, chap. I

^{xxxiv} M.A. Castelen, *Women's Reproductive Health Rights the Rule of Law and Public Health Considerations in Repealing the Criminal Laws on Abortion in the Republic Suriname*, University of Toronto, Toronto, 2009, https://books.google.nl/books/about/Women_s_Reproductive_Health_Rights_the_R.html?id=d5vnzAEACAAJ&hl=en&output=html_text&redir_esc=y

^{xxxv} Moedersterfte in Suriname. Rapport ter Bevordering van Verhoogde Verantwoording en Multisectorale Inzet om Moedersterfte in Suriname te Voorkomen. Ministerie van Volksgezondheid. Maart 20
National Maternal Health and Mortality Reduction Priority Plan, July 2019 - September 2020 Suriname. Ministerie van Volksgezondheid. Datum???

^{xxxvi} See recommendations 73.21 (Indonesia), 73.23 (Brazil) and 73.26 (Norway) that enjoy support by Suriname, UPR 2011 A_HRC_18_12_Add.1-EN.pdf & A/HRC/18/12, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G11/145/97/PDF/G1114597.pdf?OpenElement> and recommendations 133.37 (Ghana), 133.38 (Colombia), 133.45 (Cuba), 133.46 (France), 133.49 (Mexico), 133.60 (Chile), 133.67 (the former Yugoslav Republic of Macedonia), 133.68 (Namibia), 133.69 (Republic of Korea), 133.70 (Canada), 133.72 (Mexico), which enjoy support by Suriname and 135.33 (Mexico) which enjoys support in part by Suriname, UPR 2016 A_HRC_33_4_Add.1_AV.pdf & A_HRC_33_4_Add.1_Suriname_Annexes_E - revised.pdf .^{xxxvi}

^{xxxvii} The related recommendations are supported by the Foundation SUCOS, Double Positive, Institute for Women, Gender & Development Studies, Liefdevolle Handen, Chances For Life, Jacyntha Dundas

^{xxxviii} United Nations, Economic and Social Council, Commission on the Status of Women, Sixty-third session agenda item 3 (a) (i), 11–22 March 2019, E/CN.6/2019/L.3, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/085/48/PDF/N1908548.pdf?OpenElement>

^{xxxix} Fundación Latinos por Suriname (FUNLASU), *REPORT ON FOOD ASSISTANCE EVENTS CONDUCTED BY FUNLASU FOR THE LATIN COMMUNITY IN SURINAME – JULY 2020. SPONSORED BY SU LOCKDOWN NOWTU ORGANIZATION*, August 31, 2020, p. 6 and

Milton Castelen, Tania Kambel-Codrington & Merville Beaton, *Suriname Country Report: Improving Access to HIV Services for Mobile and Migrant Populations in the Caribbean. Component 1: Enhancing the Policy and Legal Frameworks Governing Access of Migrant populations to HIV & AIDS Services at Regional and National Level*. March 12, 2012.

^{xl} See, Bakboord, C. (2017) *Respect my rights. A study into the experience of sex workers, lesbian, gay, bisexual and transgender men and women as well as people living with hiv (including youth) with stigma and discrimination and national policy and strategies that hamper their access to health care services in Suriname*. And

Bakboord, C. (2018) *Legal Environment Assessment for HIV in Suriname. An Assessment of Suriname’s legal and policy framework where gaps & obstacles, challenges and recommended solutions are identified*. Paramaribo. CCM Suriname, Women’s Rights Centre, Faculty of Law UWI Rights Advocacy Project (U-RAP) Coin, The Global Fund, CVC.

^{xli} Joseph et.al. / ed. King, D. 2019. *National Women’s Health Survey for Suriname* Inter-American Development Bank & Qure

^{xlii} DCIV, Interview with Police commander Region Kwatta, Morsen 2019

^{xliii} The ‘Women’s Health and Life Experiences in Suriname Survey Report of 2019’

- ^{xliv} The model law serves as a guideline for states that have ratified the Belem do Para-treaty, but where its interpretation is not yet correct.
- ^{xlv} Inter-American Model Law on the Prevention, Punishment and Eradication of the Gender-Related Killing of Women and Girls (Femicide/Feminicide), http://www.oas.org/en/mesecvi/docs/LeyModeloFemicidio-EN.pdf?utm_source=Organismos+interamericanos+e+internacionales&utm_campaign=90fa4a48bf-EMAIL_CAMPAIGN_2019_03_18_07_52_COPY_23&utm_medium=email&utm_term=0_34a909313d-90fa4a48bf-160275621
- ^{xlvi} Inter-American Model Law on the Prevention, Punishment and Eradication of the Gender-Related Killing of Women and Girls (Femicide/Feminicide), p. 22-23 http://www.oas.org/en/mesecvi/docs/LeyModeloFemicidio-EN.pdf?utm_source=Organismos+interamericanos+e+internacionales&utm_campaign=90fa4a48bf-EMAIL_CAMPAIGN_2019_03_18_07_52_COPY_23&utm_medium=email&utm_term=0_34a909313d-90fa4a48bf-160275621
- ^{xlvii} Morsen, I. (2019). *Incorporation of the inter-American model law to prevent, punish and eradicate the violent death of women in the Surinamese legislation*. Unpublished Bachelor Thesis Anton De Kom University of Suriname and Inter-American Model Law on the Prevention, Punishment and Eradication of the Gender-Related Killing of Women and Girls (Femicide/Feminicide), p.10 http://www.oas.org/en/mesecvi/docs/LeyModeloFemicidio-EN.pdf?utm_source=Organismos+interamericanos+e+internacionales&utm_campaign=90fa4a48bf-EMAIL_CAMPAIGN_2019_03_18_07_52_COPY_23&utm_medium=email&utm_term=0_34a909313d-90fa4a48bf-160275621
- ^{xlviii} LAW of 30 March 2015, containing further amendment of the Criminal Code (GB 1911 no.1, as last amended by SB 2012 no.70) in connection with revision of the Criminal Code, (SB 2015 no. 44) p. 145. [https://dna.sr/wetgeving/surinaamse-wetten/wijzigingen-na-2005/wet-wijz-wetboek-van-strafrecht-\(30-maart-2015\)/](https://dna.sr/wetgeving/surinaamse-wetten/wijzigingen-na-2005/wet-wijz-wetboek-van-strafrecht-(30-maart-2015)/)
- ^{xlix} See the OHCHR definition of SGBV in the context of e.g., harmful traditional practices (2014), https://www.ohchr.org/documents/issues/women/wrgs/onepagars/sexual_and_gender-based_violence.pdf
- ^l Sally Price, *Co-wives and calabashes*. The University of Michigan. 1984
- ^{li} The representative of the organization Liefdevolle Handen, Denise Blinker, pointed out that in some Christian villages like 'Futu Na Keba' the tradition is no longer being observed following the decision of abolishment by Gaanman Songo Aboikoni.
- ^{lii} Kabiteni Ifna Vrede of Nw Ganze and Joyce Pansa, activist
- ^{liii} LAW of November 29, 1915, establishing a Police Criminal Law, as it reads after the amendments made therein, lastly by (S.B. 1990 no. 24). <https://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/politiestrafwet/>
- ^{liv} Article 306 of the LAW of 30 March 2015, containing further amendment of the Criminal Code (GB 1911 no.1, as last amended by SB 2012 no.70) in connection with revision of the Criminal Code, (SB 2015 no. 44) p. 145. [https://dna.sr/wetgeving/surinaamse-wetten/wijzigingen-na-2005/wet-wijz-wetboek-van-strafrecht-\(30-maart-2015\)/](https://dna.sr/wetgeving/surinaamse-wetten/wijzigingen-na-2005/wet-wijz-wetboek-van-strafrecht-(30-maart-2015)/)
- ^{lv} Validation by: Ms. Claudette Etnel, Vice-Chairperson Trade Union Federation C-47; Chairperson Women's Bureau C-47 and Ms. Anita Palmtak-Coutinho, retired board member of Trade Union Federation CLO; Representative of CLO in the Labour Advisory College; Deacon of Ministry Faith in the Living God
- ^{lvi} Ilse Henar-Hewitt Foundation (January 2012) *Sexual Harassment on the Workplace in the public and private sector*, Paramaribo
- ^{lvii} A/HRC/WG.6/11/SUR/1, para. A.1.39
- ^{lviii} A/HRC/WG.6/11/SUR/1, para. A.8.57
- ^{lix} Accompanying letter from the National Assembly dated 16 January 2020, reference nr. 9520
- ^{lx} <https://www.gfcnieuws.com/ministerie-van-awj-komt-met-wetgeving-geweld-op-de-werkplek/>
- ^{lxi} See recommendations 73.49 (Norway) and 73.50 (Netherlands) not supported 73. 23 (Brazil), that enjoy support by Suriname, UPR 2011 A_HRC_18_12_Add.1-EN.pdf & A/HRC/18/12, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G11/145/97/PDF/G1114597.pdf?OpenElement> and recommendations 133.56 (Netherlands), 133.57 (Australia), 133.58 (Chile), 133.59 (Brazil), 133.60 (Chile) and 133.61 (Ireland), 133.32 (Colombia) which enjoy support by Suriname and 135.33 (Mexico) which enjoys support in part by Suriname, UPR 2016 A_HRC_33_4_Add.1_AV.pdf & A_HRC_33_4_Add.1_Suriname_Annexes_E - revised.pdf.
- ^{lxii} See *Rapportage Hearings Commissie Diversiteit & Inclusiviteit. Hoe is het gesteld met stigma, discriminatie & acceptatie van LGBTI-personen in Suriname?* Ministerie van Justitie en Politie, 2017 (Annex 2)
- ^{lxiii} The Constitution of the Republic of Suriname. Article 8 paragraph 2 states 'No one should be discriminated against on the basis of birth, sex, race, language, religion, origin, education, political opinion, economic position or social circumstances or any other status', <http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/grondwet-suriname/>
- ^{lxiv} Articles 175a, 176 and 500a of the LAW of 30 March 2015, containing further amendment of the Criminal Code (GB 1911 no.1, as last amended by SB 2012 no.70) in connection with revision of the Criminal Code, (SB 2015 no. 44) p. 145. [https://dna.sr/wetgeving/surinaamse-wetten/wijzigingen-na-2005/wet-wijz-wetboek-van-strafrecht-\(30-maart-2015\)/](https://dna.sr/wetgeving/surinaamse-wetten/wijzigingen-na-2005/wet-wijz-wetboek-van-strafrecht-(30-maart-2015)/)

^{lxv} De Nationale Assemblée (DNA) of the Republic of Suriname, <http://dna.sr>

^{lxvi} Draft law containing provisions regarding the prevention and combating of violence and sexual harassment with regard to labor (Violence and Sexual Harassment Work Act), <http://dna.sr/wetgeving/ontwerpvetten-bij-dna/in-behandeling/ontwerpvet-wet-geweld-en-seksuele-intimidatie-arbeid/>

^{lxvii} Draft law containing provisions on the promotion of equal treatment in employment (Equal Treatment of Labor Act), <http://dna.sr/wetgeving/ontwerpvetten-bij-dna/in-behandeling/ontwerpvet-wet-gelijke-behandeling-arbeid/>

^{lxviii} Draft Violence and Sexual Harassment Work Act. Article 5 Paragraph 1 states: *'Every employer is obliged, after consultation with the trade union competent to the collective labor agreement or internal consultation, to establish in writing a policy to prevent violence and sexual harassment in the workplace and to register and solve cases that have occurred'*. Paragraph 3 states: *'The written policy includes the following aspects':* (m.) *'Specific measures to protect: Lesbian, gay, bisexual, transgender and intersex workers'*, <http://dna.sr/wetgeving/ontwerpvetten-bij-dna/in-behandeling/ontwerpvet-wet-geweld-en-seksuele-intimidatie-arbeid/> and

Draft Equal Treatment of Labor Act. Article 4 paragraph 1 states: *'The employer may not discriminate based on race, sex, religion, skin color, ethnic origin, national origin, social origin, political opinion, disability, HIV positive status, family responsibility, age, pregnancy or marital status at entering into the employment contract, providing training to the employee, in terms of employment, working conditions, promotion and termination of the employment contract'*. Paragraph 2 states: *'In particular, the employer is prohibited from making a distinction based on':* (j.) *'Sexual orientation'*, <http://dna.sr/wetgeving/ontwerpvetten-bij-dna/in-behandeling/ontwerpvet-wet-gelijke-behandeling-arbeid/>

^{lxix} See, LAW of... on preventing and combating violence and sexual harassment in connection with work (Violence and Sexual Harassment Work Act). Pre-opinion of the Committee of Rapporteurs, Paramaribo, 20 January 2020, http://dna.sr/media/281897/Preadvies_Wet_Geweld_en_Seksuele_intimidatie_Arbeid.pdf; LAW of... containing provisions regarding the promotion of equal treatment with regard to work (Equal Treatment Act). Advice from the Committee of Rapporteurs, Paramaribo, 20 January 2020, http://dna.sr/media/281900/Preadvies_Wet_Gelijke_Behandeling_Arbeid.pdf

^{lxx} See Annex 3 Letter LGBT-Platform *"Nationale hearing en consultatieronde nieuwe regeercoalitie voor het te samenstellen nieuw regeerakkoord"*

^{lxxi} See *'Suriname 2016 UPR: Joint Submission from the United Nations Country Team for Suriname'*

^{lxxii} See Rapportage *Hearings Commissie Diversiteit & Inclusiviteit. Hoe is het gesteld met stigma, discriminatie & acceptatie van LGBTI-personen in Suriname?* Ministerie van Justitie en Politie, 2017, p. 24

^{lxxiii} Feedback from resource person Ivan Patrick Liesdek; Research, Archives & Documentation Parea Suriname

^{lxxiv} Article 80 of the LAW of December 28, 1859, concerning the introduction of a new legislation in the West Indian Colonies (G.B. 1860 no.4), last amended by S.B. 2004 no.25 (Civil Code), states: *'The man can be bound by marriage with only one woman at a time, the woman with only one man.'* <http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/burgerlijk-wetboek/>

^{lxxv} Article 138 Civil Code, states: *'The nullity of a marriage can only be ruled by a court'* in conjunction with Article 139 Civil Code, that states: *'The annulment of a marriage entered into in violation of Article 80 can be sought by the person who is bound by a previous marriage to one of the spouses, by the spouses themselves, by the relatives in the ascending line, by all those who have an interest in the declaration of nullity, and by the prosecution. If the nullity of the earlier marriage is upheld, the existence or non-existence of that marriage will have to be decided in advance.'* <http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/burgerlijk-wetboek/>

^{lxxvi} The Constitution of the Republic of Suriname. Article 8 paragraph 2 states *'No one should be discriminated against on the basis of birth, sex, race, language, religion, origin, education, political opinion, economic position or social circumstances or any other status'*, <http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/grondwet-suriname/>

^{lxxvii} American Convention on Human Rights, Article 17; International Covenant on Civil and Political Rights, Article 23(1); Universal Declaration on Human Rights, Article 16; International Convention on Economic, Social and Cultural Rights, Article 10.

^{lxxviii} Article 80 Civil Code dates back to 1859. Article 80 Civil Code dates back to 1859. The Housing Rental Act is from 2020 while the General Pension Act and the National Basic Health Insurance Act are from 2014.

^{lxxix} Surviving relatives and partners from marriage and long-term joint households are recognized as equal and receive equal protection from social security laws. See for example: Article 9 of the LAW of 26 February 2020, containing special rules regarding the rental and renting of living space and the establishment of a Tenancy Committee. (Housing Rental Act 2020) (S.B. 2020 no.53), states: *'The spouse of a tenant or the partner of the tenant with whom there is long-term joint household for at least two consecutive years, whether or not with minor children living at home, and who is registered in the population register at the same address of the rented accommodation is co-tenant by operation of law, as long as the accommodation is the main residence of the spouse or intended partner, regardless of whether the rent and lease was concluded before or after the marriage or partnership was entered into. In the absence of a co-tenant as referred to in the first sentence, an adult child of the tenant may act as co-tenant, insofar as it is present in the family.'* <http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/burgerlijk-wetboek/>

[wetten/wetten-na-2005/huurwet-woonruimte-2020/](#); Article 1 of the LAW of 9 September 2014, containing rules on the introduction of a general pension scheme (General Pension Act 2014), defines surviving relatives under (e) as: (1) *the partner of the deceased participant*, (2) *the legal and legitimate or adopted children born from the marriage of the deceased participant, or foster children living in for care who are minors* and (3) *the long-term joint household of the deceased participant born natural or recognized children or foster children living at home who are minors*. Under (g), a partner is defined as (1) *the spouse of a participant* or (2) *the person who maintains a long-term joint household with a participant*. [http://dna.sr/wetgeving/surinaamse-wetten/wetten-na-2005/wet-algemeen-pensioen-2014/](#); Article 1 of the LAW of 9 September 2014, containing rules on the introduction of basic health insurance (National Basic Health Insurance Act) (S.B. 2014 no. 114), defines partner under (j) as: (1) *Spouse of a participant* or (2) *the person who maintains a long-term joint household with a participant*. [http://dna.sr/wetgeving/surinaamse-wetten/wetten-na-2005/wet-nationale-basiszorgverzekering/](#)

^{lxxx} See for example the Explanatory Memorandum of the Housing Rental Act 2020 on Articles 9 to 12 on the rent protection of the family. It states: *'Articles 9 to 12 regulate the rent protection of the spouse or partner of the tenant. If there is a marriage or partnership, the spouse or partner of the tenant becomes co-tenant by operation of law. In the event of a partnership, there must be a long-term joint household between the tenant and partner for at least three consecutive years, whether or not with minor children living at home, and registered in the population register at the same address of the rented accommodation. Important here is that the spouse or partner of the tenant becomes a co-tenant by operation of law, as long as the living space serves as the main residence of the spouse or intended partner. It is not important whether the rent and lease was concluded before or after the marriage or partnership was entered into. The fact that, in addition to marriage, unmarried cohabitation is also taken into account, is in keeping with Surinamese and Caribbean reality.'* [http://dna.sr/wetgeving/surinaamse-wetten/wetten-na-2005/huurwet-woonruimte-2020/](#)

^{lxxxi} Article 137 Civil Code states: *'Within one year after the return of the spouses in Suriname, the deed of marriage, entered into in a foreign country, must be transferred to the public marriage register of their place of residence.'* [http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/burgerlijk-wetboek/](#)

^{lxxxii} The Convention of 5 October 1961 Abolishing the Requirement of Legalisation for Foreign Public Documents (HCCH 1961 Apostille Convention) facilitates the use of public documents abroad. The purpose of the Convention is to abolish the traditional requirement of legalisation, replacing the often long and costly legalisation process with the issuance of a single Apostille certificate by a Competent Authority in the place where the document originates. <https://assets.hcch.net/docs/b12ad529-5f75-411b-b523-8eebe86613c0.pdf>

^{lxxxiii} Article 137 Civil Code states: *'Within one year after the return of the spouses in Suriname, the deed of marriage, entered into in a foreign country, must be transferred to the public marriage register of their place of residence.'* [http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/burgerlijk-wetboek/](#)

^{lxxxiv} Advisory Opinion OC-24/17, Inter-Am. Ct. H.R. (ser. A) No. 24 (Nov. 24, 2017), declaring that: change of name and the rectification of public records and identity documents to conform to a person's gender identity are protected by the American Convention on Human Rights. Additionally, the Court maintained that states must extend all existing legal mechanisms—including marriage—to same-sex couples.

http://www.corteidh.or.cr/docs/opiniones/seriea_24_eng.pdf

^{lxxxv} Article 153 Civil Code states: *'The existence of a marriage cannot be proven other than by the deed of execution, entered in the registers of births, marriages, except in the cases provided for in the following articles.'* [http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/burgerlijk-wetboek/](#)

^{lxxxvi} See Article 342l Civil Code, paragraph 1 sub a that states: *'a request for adoption can only be granted if: (a) the requested adoption is manifestly in the best interests of the child to be adopted,'*; Article 342m paragraph 1 sub c that states: *'Unless it appears earlier that a request for adoption cannot be accepted, the decision on it will be postponed if and as long as: (c) less than three years have elapsed since the day on which the adopters married each other,'* [http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/burgerlijk-wetboek/](#)

^{lxxxvii} See Article 342l Civil Code, paragraph 1 sub d that states: *'a request for adoption can only be granted if: (d) neither of the adopters is less than eighteen years older than the child, and moreover the man is no more than fifty and the woman no more than forty years different in age from the child.'*

[http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/burgerlijk-wetboek/](#)

^{lxxxviii} Ktr. 11 januari 2017, A.R. 15-5612 inzake Paris Yvanna / De Staat Suriname. Brief content indication: *'For post-operative transsexuals, a contradiction arises between the socio-psychological gender registration and the actual registration on the birth certificate. As a result, the applicant finds herself in a daily situation that is incompatible with the right to respect her private life, which constitutes a violation of this right as referred to in Articles 17 Constitution of Suriname, 17 ICCPR and 11 AVR. Due to the continuous international trend, not only is the social acceptance of transsexuals taking place, but also the legal recognition of the gender identity of post-operative transsexuals. It is up to the State to choose from the number of instruments available; it is not the role of the District Court to indicate to the State which instrument is most suitable. Pursuant to Articles 106 and 137 Gw, the Subdistrict Court gives a broader interpretation to Articles 17 and 64 -67a DCC and grants the request whereby the Civil Servant of the CBB is ordered to record on the side of the deed in the Registers of Births, the change of the applicant's gender.'* <https://rechtspraak.sr/sru-k1-2017-2/>

^{lxxxix} https://www.escr-net.org/sites/default/files/caselaw/judgment_iacthr.pdf

^{xc} View the expressed dismay by the Minister of Justice and Police, H.E. Jennifer van Dijk-Silos:

<https://www.youtube.com/watch?v=tHCG4RGVlaY>

^{xc i} Article 23-15 Civil Code states that: *'The birth certificate will state: (2) The sex of the child, and the first names which are to be given to it'*. <http://dna.sr/wetgeving/surinaamse-wetten/geldende-teksten-tm-2005/burgerlijk-wetboek/>

^{xc ii} LAW of 11 February 2013, containing special rules to supplement the registers of the civil status 2013 (Law Special rules supplementing the Registers of the Civil Status 2013). (SB 2013, No. 22).

<http://dna.sr/wetgeving/surinaamse-wetten/wetten-na-2005/aanvulling-registers-burgerlijke-stand-2013/>

^{xc iii} WSW, Doorson, S., Carrillo, K., Theron, L. and Boschman, S. (2020) *'From Fringes to Focus - "A deep dive into the lived- realities of Lesbian, Bisexual and Queer women and Trans Masculine Persons in 8 Caribbean Countries"*. Amsterdam: COC Netherlands.

^{xc iv} R.S. Somaroe, *Geslachtsverandering in Suriname*, Anton de Kom Universiteit van Suriname. Faculteit der Juridische Wetenschappen, Paramaribo, 2020, p. 13

^{xc v} Ktr. 11 januari 2017, A.R. 15-5612 inzake Paris Yvanna / De Staat Suriname, para. 4.5.

<https://rechtspraak.sr/sru-k1-2017-2/>

^{xc vi} Gender policy: The National Gender Policy Office has a leading role in further development, implementation and dissemination of national gender policy. It contributes to a balanced development of men and women and the creation of equal opportunities for everyone. The main task of the National Gender Policy Office is to coordinate the implementation of the Integral Gender Action Plan in collaboration with the implementing partners. <http://homeaffairs.gov.sr/directoraten/directoraat-binnenlandse-zaken/>

^{xc vii} The Integral Gender Action Plan 2019-2020 that states for example *'[...] One of the most complex processes of development and change in a society is the process of achieving gender equality. Complete equality between men and women has not yet been achieved anywhere in the world. [...]'* <http://homeaffairs.gov.sr/media/1061/3-juli-nederlandse-printversie-genderactieplan-2019-2020-1.pdf>

^{xc viii} See also Ktr. 11 januari 2017, A.R. 15-5612 inzake Paris Yvanna / De Staat Suriname at para. 4.5, where the Court asserted that *'The registrar of the Civil Registry verifies the person's condition in an authentic way and this by what is visibly ascertainable. It is assumed that at birth it is possible to determine, on the basis of external sex characteristics, whether the child belongs to either the female or the male sex.'*