

CHAPTER I INTRODUCTION

HIV/AIDS was declared a national disaster in Kenya in November 1999. The cost of the pandemic to the country is colossal, estimated at US\$700 billion thus far. Frantic efforts are underway to address the different negative effects that it is having on the country. An HIV/AIDS desk has been established in every government ministry to ensure its impacts are promptly identified, monitored and mitigated. The importance of examining the impact of HIV/AIDS on land in Kenya cannot be overemphasised given the importance of land as Kenya's primary form of capital for development, with agriculture employing 80 per cent of the workforce and providing 60 per cent of the national income. The development of the agricultural and rural sector is ranked as the country's top priority for poverty eradication, while food security is among the major national development objectives in Kenya's development policy. The foregoing and the work of the Land Tenure Commission that is developing Kenya's first consolidated land policy are evidence of the timeliness of the study.

This study is one of four commissioned in Eastern and Southern Africa to examine the impact of HIV/AIDS on land issues in the two regions. That such a study is essential for ensuring that ongoing land reforms are effective in alleviating poverty emerged at a land conference hosted by the Southern African Regional Poverty Network (SARPN).

This study therefore sought to examine the impacts of the HIV/AIDS pandemic on the land issue – tenure and reform – paying particular attention to the most food insecure and vulnerable socio-economic classes of the population, and especially including widows and orphans. The study argues that HIV/AIDS has had an impact on the land issue in Kenya at the household level. This impact has not surfaced explicitly in terms of buying and selling property. However, the effects are evident in the loss of breadwinners and adults at their most productive stage, which has negatively affected the financial status of most households, leading to a decrease in agricultural productivity, and by extension, household livelihoods. The financial impact extends to money spent on medical care and the time taken from income generating activities to seek medical care and care for those with HIV/AIDS, and for orphans, which stretches the household budget. Significantly, HIV/AIDS has worsened the situation of vulnerable groups, specifically widows and orphans who are at times dispossessed of land, their source of livelihood. The objectives of the study are to examine:

- The changes in land tenure systems as a consequence of HIV/AIDS;
 - How HIV/AIDS is affecting land reform programmes, for example, death of beneficiaries, inheritance rights of their family members;
 - How the changes in land tenure, access/rights to land among different categories of people as a consequence of HIV/AIDS are affecting agricultural productivity, food security and poverty;
 - The strategic options for survival among HIV/AIDS affected households in terms of land, for example, abandoning land due to fear of losing land, renting out due to inability to use land, distress sales of land, etc, and the consequences of such survival options/strategies on security of access and rights to land;
 - How HIV/AIDS is affecting staffing of land administration services and land reform programmes;
- and to
- Analyse the implications for the future of the above on land tenure systems and their administrations;
 - and
 - Identify areas for further research and policy intervention with concrete recommendations.

In this context, the study examined:

- Key issues on land reform, land ownership and rights, land tenure, food security;
- HIV and AIDS issues in Kenya at the national and local levels;
- Major disputes on land;
- How HIV and AIDS is contributing to these disputes;
- Methods of dispute resolution, and changes due to HIV and AIDS;
- Efforts being made to address the impact of HIV and AIDS on the land issue;
- Community based intervention strategies;
- Gaps in existing laws and regulations.

The study method involved:

- A literature review on land reform, tenure, food security, poverty and HIV/AIDS issues in Kenya;

- Interviews with key informants from government, NGOs, local administration and institutions and women NGOs;
- An in-depth field survey of 30 households in two communities in two districts of Kenya.

This study finds that there is a relationship between the HIV/AIDS pandemic and the land issue in Kenya. Specifically, the study suggests that the HIV/AIDS pandemic is causing changes in land use, labour and financial standing due to deaths and an increase in the number of people living with AIDS, which in turn is impacting negatively on women and children. These effects need to be taken into account by the Government, in particular in the on-going reform processes.

In Chapter 1 the study presents background on Kenya, the problem under consideration, the objectives of the study, and the scope of the study. Chapter 2 provides a detailed literature review on HIV/AIDS and land issues in Kenya. Chapter 3 explains the design and methodology aspects of the study, while Chapter 4 presents the results and findings of the study. It elaborates on the findings and identifies the policy gaps and issues that need to be addressed. Chapter 5, presents the summary, conclusions and policy recommendations of the study, and identifies areas for further study.

1. BACKGROUND ON KENYA

1.1. Ecological and Climatic Diversity

Kenya covers an area of 582 000 km², including about 10 700 km² of lake area. The most noticeable geological feature is the Rift Valley, which runs the length of the country from Lake Turkana in the North to Lake Magadi on the Tanzanian border. The land rises from sea level in a series of plateau steps to the highest point at Batian Peak, Mount Kenya, which reaches an altitude of 5200 metres. The land rises from the coastal zone and lowlands of the north and north-east to the cool highlands and mountain tops in the centre of the country, and likewise, vegetation ranges from almost bare rock and sand dunes in the desert, to Acacia bush land, grassland with scattered trees, dry highland forests and tropical rainforests to alpine vegetation (National Museums of Kenya, 1999).

As with the ecology, the rainfall pattern in Kenya is varied. It is characterised by a relatively wet belt extending along the Indian Ocean (\pm 1000mm) and another wet area covering western Kenya, to the east of Lake Victoria (\pm 1400 mm). The high plateau areas at altitudes of over 1 500 metres all have high rainfall. Rainfall ranges from below 255 mm in the northeast of the country to above 2 000 mm on the upper slopes of Mount Kenya. Rainfall is strongly seasonal, predominantly bimodal to the east of the Rift Valley, with a unimodal pattern along the coastal strip and to the West of the Rift Valley. The only area with no clearly defined wet season is the Nyanza Low Plateau. Mean temperature patterns are closely linked to altitude. Apart from the semi-humid to humid central highlands, the small Nyanza Low Plateau to the west of the highlands and a narrow coastal strip, the majority of the area is classified as semi-arid to very arid, and constitutes approximately 83 per cent of the country's land area.

1.2. Economic Growth and Activities

Since Kenya's independence in 1964, economic growth has moved from a high to low growth path, declining from the high 6.6 per cent annual growth rates of the 1960s, to 5.2 per cent in the 1970s, 4.2 per cent in the 1980s, and down to 2.4 per cent in the 1990s. Sessional Paper No.2 of 1994 on National Food Policy states that public investment in agriculture had declined to a third of the levels in the 1960s and 1970s, contributing to the country's slide into poverty. This was partly occasioned by donor pressure for political reform and the structural adjustment process, which redefined the priority allocation of domestic resources. The decline is also attributed to stop-go macro-economic policies, the slow pace of structural reform, and governance problems, culminating in an overall decline in per capita income (MOFP, 2001).

Since independence, agriculture has been the backbone of the economy. According to the Poverty Reduction Strategy Paper (PRSP), agriculture provides 60 per cent of the national income. Tea, coffee and horticultural crops, and to a lesser extent, sugar, rice and pyrethrum are the main sources of this income, but a significant contribution also comes through links to trading, transport, distribution, other services and manufacturing.

1.3. Poverty in Kenya

According to the Poverty Reduction Strategy Paper (PRSP) released in March 2002, poverty “remains a pervasive national problem presenting formidable challenges, which call for urgent action. The poor constitute more than half the population of Kenya – at least one in every two Kenyans.” Kenya’s per capita income is estimated at US \$280.

The quantitative approach to measuring poverty defines the poor as those who cannot afford basic food and non-food items. The 1997 Welfare Monitoring Survey estimated the absolute poverty line in Kenya at Ksh1 239 (US \$15) per month for the rural areas and Ksh2 648 (US \$34) for urban areas. The overall national incidence of absolute poverty was estimated at 52 per cent. The number of poor increased from 3.7 million in 1972-3 to 11.5 million in 1994 and is now estimated to have reached 15 million. Nyanza Province recorded the highest prevalence of poverty at 63 per cent followed by Coast Province at 62 per cent. A majority of the provinces recorded levels of over 50 per cent. Central Province recorded the lowest level at approximately 34 per cent. Of the five major urban areas, Kisumu town in Nyanza Province recorded the highest prevalence at 63 per cent followed by Nairobi at 50 per cent.

Poverty in Kenya is manifested through hunger, malnutrition, illiteracy, lack of shelter and failure to access essential social services such as basic education, health, water and sanitation. The poor have larger household sizes, and in general rural households are larger than urban households. In Kenya the poor tend to be clustered into certain social categories such as: the landless, people with disabilities, female headed households, households headed by people without formal education, pastoralists in drought prone ASAL districts, unskilled and semi-skilled casual labourers, AIDS orphans, street children and beggars, subsistence farmers, urban slum dwellers, and unemployed youth.

Three-quarters of the poor live in rural areas. Close to 80 per cent of Kenya’s population lives in the rural areas and derives much of its livelihood from the land through crop and livestock production, fishing and forestry. A majority of the rural poor live in areas characterised by low agricultural productivity (MOFP 2001). In both rural and urban areas women are increasingly involved in the labour market. In rural areas, women still spend a disproportionate amount of time on unpaid on- and off-farm work. This limits their income-generating opportunities. In urban areas an increasing number of women are joining the labour market, however, their employment is still characterized by low productivity, low pay and long hours of work (Kyalo Ngugi 2001).

During the national consultations on the PRSP, Kenyan communities identified the main causes of poverty as low agricultural productivity and poor marketing, insecurity, unemployment and low wages, bad governance, inadequate roads, high cost of social services, the cost of education and disability. Land, HIV/AIDS and gender were also identified.

1.3.1 HIV/AIDS and Poverty

People cited a number of poverty issues associated with HIV/AIDS. Landlessness in communities has a variety of causes including high population growth and poor land tenure systems, such as communal tenure, which gives rise to land conflicts, particularly in the pastoral areas. Customary and civil law influence ownership and access to land, which are critical for livelihoods in rural areas. These factors are considered to be a major cause of women’s vulnerability to poverty. Land fragmentation in the high potential areas was also mentioned. On the coast people cited the lack of title deeds. Other issues are prostitution, especially in the urban areas, wife inheritance practices, and use of communal/traditional circumcision tools and lack of awareness of the disease. The dependence created by death, high resource consumption by those infected and biological factors that render women more vulnerable, coupled to their lack of access to health and social services are also key links between poverty and HIV/AIDS. Lastly, gender imbalance was cited as a key factor in propagating poverty as it affected women’s ownership of and control over property, resulting in lack of collateral and credit worthiness, and inability to make decisions on land use. The poverty assessment indicated that men dominate access to and control of household resources and assets, and decision making, while women only control minor resources and assets such as chickens, furniture and utensils.

1.4. Demography

Kenya's population was estimated at 28.7 million in 1999 and is projected to rise to 31 million by 2000 and 34 million by 2005 (Kyalo-Ngugi 2001 and NASCOP 1999). The population growth rate by 2005 is expected to be 2.1 per cent per year, a significant decrease from the 3.4 per cent of the 1980s that earned Kenya the top ranking population growth rate in the world over a number of years. The total fertility rate declined from a high of 5.4 per cent in the period 1990-1993 to 4.7 per cent in the period 1995-1998. It is expected to decline to 3.9 per cent by 2005. Life expectancy is expected to increase from about 64 years in 1999 to 67 years by 2010 (NASCOP 1999).

NASCOP (1999) estimates that these trends will change due to the impact of HIV/AIDS. It suggests the total population will be 1.7 million smaller by 2000 and 3.6 million smaller by 2005 due to the combined impact of AIDS deaths and fewer births caused by a smaller population of reproductive age. However, despite this impact the population will still be growing at 1 per cent per annum by 2005. Changes in the total fertility rate will have more impact on the population growth rate than AIDS deaths.

The Poverty Reduction Strategy Paper (2001) says that HIV/AIDS presents the greatest challenge to Kenya's economy today and in the future. The total estimated cost (direct and indirect) of AIDS per patient is estimated at Ksh573 240 (US\$7 350) (Forsythe, et al and GOK, quoted in NASCOP 1999), a high figure compared to Kenya's per capita income of US\$280 during that same period. The expenditure on AIDS by 2000 is projected to equal the entire 1993/1994 recurrent budget of the Ministry of Health (Nalo and Aoko quoted in NASCOP 1999). Women and girls shoulder most of the care burden. In certain instances, women have to forego economic activities, while girls may be forced to miss school to help care for the sick.

The population of Kenya is characterized by high diversity with three major groups – Bantu, Nilote and Cushite – each with its own diversities. Altogether there are 55 distinct languages and several hundred dialects. In addition to these ethnic communities there are immigrant groups from the Arabian peninsular, India and Europe. This cultural diversity has largely determined and defined the country's land tenure and rights system in the context of limited agricultural land. Demographic changes and the introduction of western culture and science, which has affected food consumption patterns, have both affected food security.

2. PROBLEM STATEMENT

HIV and AIDS are currently the most critical development issues in sub-Saharan African, not only because it is the worst hit area worldwide, but also due to their impact on development. FAO/UNAIDS estimate that by the end of 1998, 33.4 million people in the area were living with HIV/AIDS, with 83 per cent of all HIV/AIDS related deaths taking place in Africa. Nine out of every 10 new infections are in Africa and in more than 16 African countries 10 per cent of the adult population in the productive age from 15-49 is infected with HIV. The figures are higher and rising in some countries such as Botswana with 35.8 per cent, Zimbabwe with 25 per cent and South Africa with 19.9 per cent. Infection rates in East Africa that were high in the early 1990s have since stabilized (Mwangi 2001). With a prevalence rate of 14 per cent of the population, there is real cause for alarm, particularly in African societies where the extended family, including communal ownership of property, is still a common way of life and there is no state social welfare.

Kenya's 2.1 million people living with HIV constitute the third largest population in sub-Saharan Africa, after South Africa and Ethiopia, sharing this position with India (UNAIDS 2000). Figures from the National Aids Control Council are higher, indicating that 4.2 million are infected, a prevalence rate of 14 per cent (PRSP 2001). Media reports quoting top officials in the Ministry of Health and medical personnel warn that patients with AIDS-related complications now occupy more than 50 per cent of hospital beds in some areas. An estimated 700 Kenyans die daily from AIDS related ailments; translating into approximately 250 000 AIDS related deaths annually. After two decades of silence the pandemic was declared a national disaster in 2000 and efforts were made to address its negative effects on the country, starting with the establishment of HIV/AIDS offices in every Government ministry.

Although death is a normal occurrence of life, it is the ripple effect on the household that is the major issue. This effect extends to other spheres of life, in particular the extended family and social structures, as those affected are in their prime (15-45) – the youthful and most productive segment of society. A large number of breadwinners, often from the same nuclear and extended families, die, leaving the wider society to fend for

their dependents. This problem assumes greater significance in respect to land when viewed against the effect on the population structure and impact on agriculture.

First, the cost of the pandemic to the country is colossal, estimated at US\$700 billion by 2000, a resource that could otherwise be used to revitalize the ailing agricultural sector. The death of the productive population is likely to distort the demographic structure, with a larger population of the young and elderly, placing a greater social burden on the state. A reduction in the productive population is likely to affect the agricultural sector, which provides employment to 80 per cent of the population and 50 per cent of the country's labour force. Studies have demonstrated the impact at national level on extension services, food security, nutrition, and agricultural productivity, and at household level on access to labour and capital for investment in agriculture amongst other things.

Given that a strong relationship has been established between HIV/AIDS and agriculture, and that agriculture and land are also related, one important question arises: to what extent has HIV/AIDS had an impact on the land issue, specifically on land tenure and access rights? The finding (WLEA, 1995) that disputes in most parts of Kenya revolve around plots of land, houses and money raises a related question. To what extent does the impact of HIV/AIDS on land affect diverse social groups differently? What survival strategies and options have the affected households and social groups adopted in response to these changes? Also, in view of the on-going structural reforms in government, to what extent does HIV/AIDS affect the staffing of land administration services? And lastly, how significant are these changes and what attention do they warrant in the on-going land reform process in Kenya?

This study examined these questions in order to expose policy gaps and identify policy issues that call for intervention, to make concrete policy recommendations, and to identify areas for further research.

3. OBJECTIVES OF THE STUDY

The goal of the study was to examine the impact of HIV/AIDS on the land issue in Kenya. The objectives of the study were to:

- a) Examine the changes in land tenure systems as a consequence of HIV/AIDS;
- b) Examine the impact of HIV/AIDS on land rights, access to land and land use;
- c) Examine the strategic options for survival that land offers to HIV/AIDS affected households, and to examine the consequence of such survival options/strategies on security of access and rights to land;
- d) Examine how changes in land tenure, access and rights as a consequence of HIV/AIDS are affecting agricultural productivity, food security and poverty among different categories of people including women, orphans and other marginalized groups;
- e) Examine how HIV/AIDS is affecting land reform programmes;
- f) Examine how HIV/AIDS is affecting the staffing of land administration services;
- g) Analyse the implications of the above for the future of land tenure systems and their administration; and
- h) Identify areas for further research and policy intervention with concrete recommendations.

4. BACKGROUND ON THE STUDY SITES

The study was conducted in Madiany Division, Bondo District, and Othaya Division in Nyeri District. The selection of the study areas was based on three criteria:

- The high HIV/AIDS prevalence rates in both districts compared to other districts in the country;
- Poverty levels; and
- Locational diversities.

Mullins (2001) and FEG suggest the need to understand the impact of HIV/AIDS at the local level, as communities are not homogeneous. Thus the 'livelihood zones' and drivers of the impacts vary from place to place, and poverty levels vary in the two districts.

Both districts have high prevalence rates of HIV/AIDS, although some view the impact as having reached a plateau in Bondo while the impacts are only beginning to be felt in Nyeri. The communities in these two districts come from different major groups and have very divergent livelihood systems. The Luo in Bondo

are Nilotic while the Kikuyu from Nyeri are Bantu. The profiles below show that there are many other differences between the two communities.

Although the poverty ranking for Bondo District is not currently available (the district is newly established), it can be inferred from the poverty levels in Siaya, the district it was formerly part of. In 1994, the poverty level there was 41 per cent¹, rising to 58 per cent² by 1997. Thus, of the 45 districts in Kenya, Bondo moved from being the 29th poorest in 1994, to being the 15th poorest by 1997. During the same periods, the poverty levels in Nyeri District were 20 per cent and 31 per cent respectively. While it was ranked 45th poorest in 1994 it had moved up to the 38th position by 1997.

In selecting these two communities, it was assumed that the different stages of infection on the HIV/AIDS infection curve would provide an understanding of different interventions required (curative or preventive) determine general trends, and show possible locational divergences and other variables that policy makers should take into consideration in land reforms necessitated by the impact of HIV/AIDS.

4.1. Bondo District³

4.1.1. General Characteristics

Bondo district is located in Nyanza Province in the western part of Kenya. The district was established in 1999, after partitioning Siaya District. It covers an area of 1 000 km². There are five administrative divisions, namely, Usigu, Maranda, Nyang'oma, Rarienda and Madiany. It includes the two constituencies of Bondo and Rarienda and two local authorities, namely, Bondo Town Council and Bondo County Council. The District lies between 1 350 and 1 400 m above sea level. There are two rainfall patterns with long rains between March and June and short rains between September and November. Rainfall ranges from 800 mm to 1 600 mm per annum, with a mean annual rainfall of 910 mm. The rainfall is 5-6 per cent reliable with mean temperatures of up to 22.5°C. Humidity is relatively high with mean evapotranspiration of 1 800 mm per annum.

4.1.2. Demography

According to the 1999 Population and Housing Census report {quoted in MOFP(b) 2001}, the population of the District is 239 110 comprising 111 717 males, 126 348 females and 1 045 special population. The population growth rate is 1.8 per cent, having declined from 3.8 per cent in 1989. The crude birth rate was 13 out of 1 000 and crude death rate was 16. Approximately 47.2 per cent of the population is poor and 41.1 per cent of households live below the poverty line. The morbidity rate in the district is 78 per cent, with malaria and HIV/AIDS taking the biggest toll. According to one member of the Commission on Land, for every child born, three people die! The figure below demonstrates this impact. Fifty-five per cent of the population is below 15 years and 5 per cent is over 60 years.

4.1.3. Economic Activities

Arable land amounts to 79 600 ha, 1716 of it potentially suitable for irrigation. Only 30 per cent of the arable land is under cultivation. About 95 per cent of the livestock is Zebu with only 5 per cent exotic dairy cattle. As a result milk production is inadequate. Although the annual fish catch is high, fish and fish products are sold far below market price due to lack of cold storage facilities and fish processing plant. About 99 per cent of the poultry are local birds leading to low egg production. Horticultural production is inadequate and most horticultural products are imported from other districts. Approximately Ksh.1.8 million (US\$23 000) is spent annually to purchase food from outside the district due to the under-utilization of land suitable for crop production.

Human resources are service, not production, oriented. People go for paid employment in urban areas and ignore productive enterprises. Production of cash crops like cotton, groundnuts, sunflower and *sim sim* is low, and the supply of oil seeds to the existing processing plant in Siaya is low. There is a lack of fish

¹ GOK, District Ranking Overall Rural Poverty, 1994

² GOK, District Ranking Overall Rural Poverty, 1997

³ Information drawn from the Bondo District PRSP, Consultation Report for the Period 2001-2004, Ministry of Finance and Planning

processing industry, despite the existence of over 10 fishermen cooperative societies with substantial capital. Management of fishery resources is poor although opportunities exist for improvement. Safe domestic water potential exists but is not fully exploited, hence safe water coverage is only 34 per cent in some divisions and as low as 10 per cent in others.

Micro-credit finance potential exists but is not fully harnessed. Women's group organisations exist but are not channelled to productive ventures. A few savings and credit societies exist with minimal share capital.

There are 1 855 women's groups, 274 youth groups and 1 120 self-help groups. The potential of the youth in economic activities is not fully realised.

4.1.4. Poverty

Approximately 47.2 per cent of the population is poor and 41.1 per cent of households live below the poverty line. Residents in the district define poverty as inadequate access to basic needs such as clean water, health services, sanitation, food, income and wage employment. The poorest segments of the community are the landless, widows, orphans, the aged, the disabled, single mothers, unemployed school leavers, peasant farmers, fishermen and the chronically ill.

There is a high dependency ratio, at 60 per cent of the population aged below 15 and over 60 years of age, with a large number of those over 15 years being students in secondary schools and colleges. The majority of people in the district depend on cash handouts from relatives in urban areas and not productive activities such as farming. Some of the major causes of poverty are identified as the:

- High production costs of crops and livestock;
- Low adoption of agricultural innovation;
- Lack of cash crop farming;
- Lack of credit in the agricultural sector;
- Inadequate and poorly distributed infrastructure;
- Negative attitude of school leavers towards manual labour;
- High morbidity rate;
- Lack of women's empowerment, particularly in decision making and leadership; and
- A dependency syndrome.

The district is considered food insecure.

4.1.5. Culture⁴

The communities studied are located along the shores of Lake Victoria, the largest fresh-water lake in Africa. The staple food is fish and *ugali* (maize meal paste), although vegetables may be substituted for fish. The ethnic composition of the district is fairly homogenous, with Luo the main language spoken. There are a number of immigrants, mainly professionals. While wife inheritance by the brother (often the eldest) of the dead spouse is a common practice, circumcision of both men and women is not widespread, although there are other rites of passage. There are changing trends, however. Wife inheritance is declining slowly as a result of the HIV/AIDS pandemic, and circumcision of boys is now acceptable, although largely among the elite. Christianity is the predominant religion although traditional religious practices, such as consulting mediums, is also widespread.

4.2. Profile of Nyeri District

4.2.1. General Characteristics

Nyeri is the second largest of six districts in the Central Province of Kenya, with an area of 3 266 km². It has seven divisions. The main physical features are Mt Kenya and the Aberdare mountains. These mountains determine the relief, climate and soils, and therefore the agricultural potential. The district has an equatorial climate with two rainfall seasons. Mean annual temperatures range from 13°C in the area around the Aberdares to 17°C on the lower mountain flanks.

The district has six political constituencies, and four local authorities. In 1989, Nyeri had a population of 607 110, projected to grow to 799 697 in the 2001. The rivers and streams ensure self-sufficiency in surface water resources and accessibility is not a major problem. There is high potential for hydroelectric power

⁴ Derived from the general practices of the region

generation. The forest resources are also adequate, though the district is not well endowed with minerals and other natural resources of commercial value.

The average size of farms in the small sector is 0.8 ha per household in high potential areas and 0.9 ha per household in low potential areas. Farming patterns indicate high and intensive use of land holdings for both food and cash crops. Cash crop farming takes up approximately 65 per cent of the total farming area, leaving little for livestock and food crops. Horticultural farming is practised in some parts of the district. Milk production is high in Nyeri, and the Kenya Cooperative Creameries plant located in Kiganjo in the district is unable to cater for all milk produced in the area. The pace of industrialization has been slow, except for the establishment and growth of tea and coffee factories.

There is electricity supply in all divisional headquarters and major market centres, but wood fuel supplies most of the energy used in the district.

The major constraints are poor and inadequate infrastructure; underdeveloped human resources; poorly developed local raw materials for industrialization; lack of access to credit facilities and poor marketing systems.

4.3. Culture

The predominant cultural group in Nyeri are the Kikuyu, who are Bantu speaking people. Family life among them is mostly based on the patriarchal system with the male considered as the head of the household. This means that the male lineage determines traditional inheritance rights and patterns, although women have user rights. Introduction of individual tenure in Central province has resulted in land consolidation. The major income activity among the Kikuyu is agriculture with a combination of food and cash crop farming dominated by the latter. Land is becoming scarce due to population increase.

5. SCOPE OF THE STUDY

The study was carried out in two rural villages in two districts in Kenya, among key local leaders and policy makers at local and national levels. The study focused on the effects of HIV/AIDS on land issues, in particular the impacts where people are living with HIV and upon the death of a person from AIDS related disease, and the impacts on those affected by HIV/AIDS. The study largely focuses on the household level, and based on the changes found, on interviews with key informants and literature on different aspects of land, it deduces the impact on land at a broader level. The study focuses on coping strategies at the community and household levels. It examines the effect on women, children, and especially orphans.