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**UNIT 2****STRATEGIES AND TACTICS EMPLOYED IN  
SOCIAL ACTION**

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**2.0 OBJECTIVES**

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This unit aims at giving better understanding regarding the process of social action. It would help in knowing the strategies used and the tactics applied in social action. The example from the field situation would be beneficial for you to know the process of social action and use of various strategies and tactics in the same.

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**2.1 INTRODUCTION**

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Social action is the process of 'confrontation'. It is used when other methods of social work like group work and community organisation fail to meet the needs of the clientele group. When the resources are in the hands of a few people and they dictate their own terms and conditions, when power equation is imbalanced and rights are denied to a particular section of the community, social action comes into play. It aims at equitable distribution of resources and power among different stakeholders.

Professional social work, for long, has relied on primary methods (casework, group work and community organisation) for providing remedies to human problems. However, in the sixties of the preceding century, there was growing realization about human environmental situation as an integrated whole. It required holistic approach and more dependence on the primary methods of social work was being questioned. Social institutions and social structure were found inadequate to meet the needs of individuals and groups.

Therefore, the relevance of social action is being increasingly felt. Social action is used for mobilizing masses to bring about structural changes in the social system. It is an organised effort to change or improve social and economic institutions. It encompasses movements of political reform, industrial democracy, social legislation and social justice.

Social action, like any other method of social work, uses certain strategies and employs certain tactics during its process to bring about the desired results.

What are these strategies and tactics?

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## 2.2 STRATEGIES AND TACTICS IN SOCIAL ACTION

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The dictionary meaning of strategy is plan/policy/approach/stratagem. Tactic means method/approach/course/ploy/policy/device/scheme/way/trick/manoeuvre. As indicated by the definitions of the two words, we understand that, like many social workers do, they can be used interchangeably. However, some social workers have made finer distinction between strategy and tactic, as the former is a larger term equivalent to a form or type of social action. Strategies and tactics in social action means to organise strike, boycott, persuade, negotiate, bargain, etc. Let us take a look at how various strategies and tactics are used in the process of social action.

For better understanding of the strategies and tactics employed in social action, attention should first be paid to the process of social action. Social action, many times, is considered an extension of community organisation. It necessarily involves the skills and stages of casework, group work and community organisation. The process of social action involves the following.

First stage is **Developing Awareness**. It is the study of the social problem, its gravity, causes, impact on people, etc. It involves understanding the socio-cultural milieu of the community and the pressing social problem affecting the well-being of a section of or the whole community. It also includes making people aware of the causes responsible for social problems.

The next stage would be **Organisation**. It includes sharing the study results with the people concerned. The leaders of various groups and local leaders of the community are called for taking an integrated action. Awareness is created especially by using the means of mass communication. It is followed by efforts to mobilize people to organise for the given cause.

Next stage is **Making Strategies**. Goals are set on the basis of felt needs and strategies are developed to achieve them. The strategies could be negotiated with the authorities or if the need arises, there could be direct confrontation.

The last stage is **Action** in which implementation of the proposed intervention is done. This stage is more methodical and concrete as the final outcome largely depends on action.

Cohen also suggests similar stages in his definition of methods of social action. "The methods of social action consist of research, planning, enlistment of public support and interpretation to (and to apply pressure on) those in the authority to implement" (Cohen, 1958). Similarly, Dunham (1958) defines process of social action as "efforts to bring about change or prevent change in current social practices or situations, through education, propaganda, persuasion and pressure on behalf of objectives believed by the social actionists to be socially desirable". Here it may be noted that people's participation in prioritizing their own needs and determining the objectives as well as the strategies for social action is of utmost importance. However, Dunham gives social actionists the right to decide on their own, the objectives they feel desirable.

In the Indian context, the sarvodaya movement is one of the best example of social action. The process used by Sarvodaya workers is quite similar to the process of social action. The stages are:

**Parichaya (first introduction):** This is a stage of introduction to the clientele and their social needs and problems. In this stage social issues and strategies are introduced to the masses.

**Adhyayan (survey or study):** Information is gathered from the population on the burning issues and its impact on the socio-economic and cultural aspects of life are discussed in great detail.

**Prachar (propaganda):** It involves creating awareness at the mass level. The propaganda is meant for mass mobilization for taking action at the integrated level.

**Sahavasa (association):** Cooperation is sought from different people and organisations working in the same area and or on similar issues.

**Seva (service):** Welfare and developmental services are offered to the target population.

It helps in establishing support.

**Pratihar (resistance):** It involves coercive measures against the existing authority, which require change of power, structure and/or functioning.

**Construction work or community service:** Emphasis is on the constructive activities carried out at the community level. This enhances the credibility of the movement.

**Building the climate of change:** Social environment is made conducive to positive change.

However, if the emphasis is on rendering of services, then it becomes more akin to community organisation than social action. But the concept of lok shakti in sarvodaya clearly indicates that the emphasis is on change. Das Gupta mentions "Lok shakti may mean the collective capacity (power) of the people expressed or latent, to deliberate, decide and act together". Awakening of Lok shakti dilutes the power of the state.

Now we focus on the tactics and strategies involved in social action. Lees suggests nine tactics used by social actionists in various stages of social action. These tactics generally overlap across various stages in the process of social action.

They are:

1. Research
2. Education
3. Cooperation
4. Organisation
5. Arbitration
6. Negotiation
7. Mild coercion
8. Violation of legal norms
9. Joint action.

There is hardly any consensus on the strategies that are possible and available, which can form the core of social action practice. However, three main strategies identified by Lees are:

- 1) **Collaboration:** In this strategy, social workers collaborate with the local authority and other authorities or agencies in order to bring about improvements in the existing social policy. The underlying assumption of this approach is homogeneity of values and interests, through which substantive agreement on proposed interventions is obtained. It

doesn't involve loss or gain of power, authority or money; change occurs within a consensus that includes both values and interests. In collaborative strategy, the change in the social structure or institution is brought about by peaceful means which include education, persuasion, demonstration, and experimentation. One of the premise on which it is based is that all those who have power will not necessarily respond to change only through the conflictual approach. Through the above techniques, change can be brought about as for them, the intended change is either the lesser of the two evils, or, they have themselves identified the factors which affect the very existence of the institution or the achievement of its goals. They themselves are disenchanted or dissatisfied and hence willing to change.

- 2) **Competition or Bargaining, Negotiation, Advocacy:** The second set of techniques are based on the premise that one anticipates some resistance to change, and the activity of the change agent may have to be accompanied by tactics which are not persuasive rather seek to affect change through pressure. In this strategy contending parties utilize commonly accepted campaign tactics of persuasion, negotiation and bargaining with the willingness to arrive at a working agreement.
- 3) **Disruption and Confrontation:** Third set of techniques are based on the premise that in the struggle between those who are pro status quo and those who are pro change, resistance is an aspect of the change effort and therefore the dynamics of conflict is inherent in the social action effort. This strategy signifies a more militant approach and it may include strikes, boycotts, fasts, tax-refusal, 'sit-ins' etc. Lees also includes riots and guerilla warfare, though these may be omitted by many other social workers as any use of violence will be unacceptable to values and ethics of professional social work.

Both the overall strategies and tactics suggested by Lees seem to follow a sequence, which may mean that one should begin with collaboration and if it does not produce the desired result, one may resort to a disruption strategy for the achievement of the desired objective. The use of strategy or the tactics would also depend on the goals selected and the prevailing socio-cultural milieu.

Richard Bryant also postulates two sets of strategies— **Bargaining** and **Confrontation**. By bargaining he means lobbying, submitting petitions, information and publicity campaigns, etc. Whereas confrontation includes strikes, demonstrations and sit-ins. Singh adds another approach or strategy viz. **administrative approach**. He mentions that "Most often than not, any struggle or effort towards drastic or radical change is viewed by the establishment as a law and order problem and therefore, an administrative approach or strategy is adopted to deal with the situation". It includes persuasion, bargaining, pressure, coercion, infiltration, concession, co-option, splitting, etc.

It may be noted that perception of the situation by the leaders or decision-makers and their experience counts much more in the selection of the strategy. To exemplify, in the backward classes or peasant movements, strategies like withdrawal, self-organisation, conversion, combining of caste with class, mobilization, division of labour, attacking the monopoly of reference groups by the deprived, use of secular and religious themes, participation in or shunning of elections (democratic political processes), emulation, propaganda, mass-appeal, articulation, deprivation, sensitization, protest, demonstration, etc. have been used.

Hornstein enlists certain strategies for social intervention. They are: Individual change, techno-structural, data-based, organisational development and cultural change, violence and

coercion, and non-violent direct action, accommodation, exposures, living examples, public support, presentation of proposals, competition, lobbying, agitation and subversion. Hornstein has classified these strategies or tactics of social action as:

- 1) **Direct action:** E.g. picketing, marches, fraternization, haunting, leafleting and renouncing honours.
- 2) **Non-cooperation:** E.g. strikes, boycott, tax-refusal.
- 3) **Intervention:** E.g. sit-in, reversal strike, obstruction.

In the Gandhian tradition, **non-violent protest and persuasion, non-cooperation and non-violent intervention** have been included in the three broad categories of strategies or methods of social action. In fact, these three characteristics of Gandhian social action shares striking similarity with the ethics, values and philosophy of professional social work. It may be noted that though social action requires confrontation, negotiation or persuasion, it does not approve of any violence, or hostility, cruelty and blood-shedding. It means that even the discontent is shown in a peaceful manner.

Common methods used in Gandhian social action are: parades, vigils, posters, teachings, mourning, protest meetings, etc. These methods are peaceful demonstration of discontent and dissatisfaction. In Gandhian approach workers are guided by certain factors in the selection of methods or strategies they adopt for social action. The factors enumerated in the Gandhian studies are:

- a) Keep in mind the socio-cultural, economic and political milieu of the community. Strategy adopted should consider the tradition or background of the target population.
- b) Whether and how much the target population possesses the knowledge about the non-violent action, whether they have had the experience with non-violent action. It basically assesses the capability of the general population for showing discontent in a peaceful manner.
- c) General social and political situation of the community also influences the selection or rejection of a particular strategy. The social actionist appraises the possibility of simple negotiation or persuasion with the authorities or use of demonstration of noncompliance.
- d) Degree of repression the target population is undergoing is one of the main factors in the selection of the appropriate strategy.
- e) Nature of opponents, their objectives and strategies also counts a lot in the selection of the social intervention.
- f) What resources are at the opponents' disposal, is another important factor and how much social pressure they can bear also help in selecting the appropriate strategy.
- g) Degree of ruthlessness the opponent is prepared to use would by and large determine the extent of peaceful demonstrations and strategies the social actionist is prepared to use.
- h) Degree of opponents' dependence on the members of the non-violent opposition determines the effectiveness of negotiation as a strategy.
- i) Number of participating actionists and the degree of support they receive from the population is also a crucial factor in selecting strategy especially for carrying out rallies, *morcha* and *dharna*.
- j) The use of different strategies also depend upon the quality of social actionists and leaders and their own value system, adherence to virtues like non-violence and commitments towards the well-being of the target population.

- k) Nature of grievance or the social problem, its intensity and extension also influences the intervention strategy.
- l) Lastly, physical details of the specific situations in which action is contemplated too helps in selecting appropriate strategy for social action.

Thus, we see that many strategies and tactics are used by the social workers during the process of social action. Here, it may again be reminded that though social actionist may use strategies such as confrontation and tactics like boycott, sit-ins, rallies, blockades, marches, tax-refusals and other forms of showing disobedience and discontent to the authorities having power and resources, stress is on equitable distribution of resources and power and social justice through a peaceful process.

**Check Your Progress I**

**Note:** a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

1) What are the three main strategies for social action given by Lees?

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2) Mention any ten tactics adopted in various stages of social action.

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**2.3 EXAMPLE FROM FIELD SITUATION**

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Below is an example from a field situation which enumerates how social workers are able to bring about certain positive structural changes in the social environment of the drug users through social action.

A Delhi based NGO, ABC is working in the field of drug abuse and HIV/AIDS. Two NGO workers, Nishant and Anand (names camouflaged) went to Yamuna Pushta area (at the bank of river Yamuna, North Delhi) to have a feel of the field area. They met many drug users who were not in their senses and were under the influence of drugs. These drug users were almost in rags. They could hardly tell their name and native place. The social workers also met some of the shopkeepers and talked about the drug users. They were told that most of them do rag picking and some resort to stealing also.

After several interactions with the drug users and other people of the area, the social workers felt that there is a pressing need to establish an outreach centre to meet some of the needs of the drug users. One of the reasons for the urgency to start such a centre was that drug users were sharing the needles. This could increase the chance of HIV/AIDS among them many-folds. The social workers motivated the drug users to come to the centre and exchange the used needles for the new ones. Medicines were given for their minor health problems. For major ailments like abscess, referrals were made to nearby Lok Nayak Hospital. On various occasions, social workers also accompanied them to the hospital.

Gradually, after rapport building, the social workers started calling the drug users for group activities where some information was given to them about the spread of HIV/AIDS. These group activities were later regularized; say twice in a week. Social workers took up casework with the drug users facing certain pressing problems. Certain health check-up camps for the target group, drug users, in collaboration with other NGOs were organised.

Drug users have had the experience of avoidance, neglect and rejection from the society. They were either not given employment anywhere or thrown out of the jobs once the employer came to know that they were drug users. They were labeled as thieves, burglars, picketers, 'having bad character' by the general public. As a result, they were victim of low self-esteem, self-hatred and feeling of hopelessness.

Gradually, through group work, they gained some confidence. The 'acceptance and non-judgmental attitude' of the social workers made a difference in their perception of the society and themselves. Group work process slowly and slowly gave them a feeling of self-worthiness and hope. In a few group sessions the social worker facilitated the group members to prioritize their needs and problems to be solved. After discussions and arguments, development of many sub-groups and again reunion, the group members made a list of their needs and problems on the priority basis. The first one was detoxification.

Collaborations were done with detoxification centers and the group members were sent there. However, after completing the course of detoxification, 19 out of 25, relapsed again. Main reasons identified were constraints at the family level, unemployment and unchanged negative prejudice of society towards them. The social workers then decided to intervene in their family situation also.

Through repeated interactions with wives of the group members and their children the social workers gained some insight into their life-style. All the families were facing problems in interpersonal relations and in the interactions with various institutions of the social environment like school, neighbours, work place, etc.

After rapport building, many small groups were formed like wives of drug users, drop out children engaged in rag picking, etc. Many of them were engaged in drug paddling too. A group of adolescent girls and another comprising youth were also formed.

During several group activities specific to each group, the social workers came to know that frequent health problems was one of the major concerns of each group. The community had many quacks, registered medical practitioners and a few *ojhas* and *tantriks*. In the initial stages of group development, the members talked about minor health problems like frequent cough and cold, itching, etc. However, when the groups became cohesive and members gained confidence to shed out their inhibitions to discuss their pressing problems within the

group, they came out with symptoms of urinary and reproductive tract infections, and sexually transmitted diseases. Their health seeking behaviour showed that most of them used to go to these local doctors and pay about Rs. 30/- per visit. Symptoms subside for few days and then they again crop up. Some group members also told that these local doctors often give injections from the used needles and syringes. On asking why they do not utilize the services of the nearby Lok Nayak hospital which is run by state government and hence free and proper treatment may be given there, the group members shared their negative experiences. They told that going to such a government hospital means losing out one day's salary as it takes too long in queues. Also, once the doctors come to know that they have come from a slum or are drug users or are from the family of a drug user, without looking at any symptom, they ask for HIV test. In addition, delays in treatment, discrimination, and early discharges were also reported by the patients who went for their treatment in the hospital. Many patients, who happened to be the group members told that corner beds or beds near toilets are earmarked for them, no doctor or nurse come near them. They throw away the medicine to them from a distance. Labels are put on their bed as 'HIV +' and the same entry is made on their files also. They are forced to bring their own medicines and even gloves. Prompt surgeries required are postponed for unlimited time. They face neglect and discrimination in the hospital.

All these factors indicated that the population is highly prone to HIV/AIDS infections and some structural changes are required to solve the problems. The social workers then called a meeting of the leaders of these groups and discussed with them the whole situation. The following interventions were decided with mutual agreement:

- 1) A survey on the health status and their needs to find out the gravity of the situation of the possibility of spreading of STDs/RTIs and HIV/AIDS.
- 2) Awareness generation about the modes of spread of STDs and HIV/AIDS.
- 3) Formation of a committee of people who would keep a check on the wrong practices of the local doctors.
- 4) Persuading hospital authorities for correct measures to deal with patients.
- 5) Approaching NACO and Ministry of Health to intervene.

A structured interview schedule was designed and administered on the general population. Findings revealed that as high as 50% of the population, between the age group of 15 to 45 years, show symptoms of RTIs and STDs. More than one-third have used or are using drugs. Results of qualitative analysis after focused group discussions shows that drug use has also resulted in broken families and unemployment, which in turn has created a vicious circle. There was much of the financial, emotional and health constraints in almost all the families of drug users. There was an emotional surcharge in the population to bring about a change for a better future.

IEC (Information education communication) material like posters, brochures, leaflets were distributed to create awareness about STDs and HIV/AIDS. Nukkad-nataks, puppet-shows, group activities, etc. were organised/done to inform the people not only about the modes of spread of STDs/HIV/AIDS but also about the myths and misconceptions related to it and the emotional and financial cost involved therein.

Next step was confronting the local doctors and health care workers who are engaged in practices like reuse of needles and syringes. Firstly, all those local health practitioners were invited in a meeting. Nobody turned up. The committee people went and talked to them but



they became defensive and rejected the charges leveled on them. The committee members threatened that Public Interest Litigation would be filed against them if they resort to wrong practices. Negative propaganda against the wrong practices like reuse of needles and syringes by local health practitioners was carried out in the whole community with the use of slogans like “bachao-bachao in doctoron ki kharab sui syringe se khud ko bachao” (save yourself from the contaminated needles and syringes used by these doctors). With repeated discussions and propaganda, the local doctors agreed that their stock of needles and syringes would be checked by the committee members every morning and evening. Patients were also asked to see that no doctor uses contaminated needles and syringes on them.

The next step of taking corrective measures at the hospital level was the most difficult one. A meeting with the Heads of the Department of Medicine, Skin and STD and Surgery was fixed and the matter of medical negligence and discrimination with patients who are suspected to be HIV + was put up. The Heads, however, showed least interest and defended their staff. The social workers left the meeting place with a mild threatening note. Meeting with the Medical Superintendent and sharing concerns with him also proved futile.

The NGO personnels formed a HIV/AIDS forum of representatives of different NGOs working in the same field. Another pressure group named ‘Delhi Network of (HIV) positive people’ also collaborated. The representatives of different groups of the Yamuna Pushta area also joined in. They formed a committee among themselves and approached the Delhi State AIDS Control Society. Lawyers fighting for social cause were also approached. They filed public interest litigation (PIL) against the hospital authority. Print and electronic media were involved to propagate the matter at a larger scale. Newspapers and News channels came into action. A rally followed by sit-in was organised to pressurize the hospital to come up with a written policy for the care of HIV+ patients in the hospital and sincere adoption of the same into practice.

Finally, the hospital authorities came forward and asked the HIV/AIDS NGO forum to help in formulation of the policy. A sensitization programme for all the levels of staff, that is, doctors, nurses and Class IV employees was organised to orient them for better care for HIV patients and dealing with their negative attitudes with them. The policy guidelines were translated into Hindi and posters and brochures were put up all over the hospital for awareness generation. Strict guidelines were made for HIV testing and disclosure of results so that confidentiality is maintained.

Meetings were fixed up with the Ministry of Health and NACO, DSACS and a counselling centre was started for the counselling of HIV patients and their family members. The centre was linked up with the NGO forum for community out-reach programmes.

Funds and other resources were collected through various corporate and private agencies and funding organisations. A small income generation centre of button fixing and interlocking was started for the drug users in the community. It was linked with a popular branded mens’ wear industry for supply of raw materials and delivery of finished products.

**Remarks:** This example gives some clarity about the process of social action and different strategies and tactics used in the same. Here we see that the inherent theme behind the social action was the well-being of a number of community people, many of them were either drug users or the member of a family of a drug user. The impact of drug use on the social and economic aspect of their life was clearly visible. We also see the use of group work and

community organisation in the process of social action. The field example also shows the use of different and appropriate strategies and tactics at different places.

### Check Your Progress II

**Note:** a) Use the space provided for your answer.

b) Check your answer with those provided at the end of this unit.

1) Identity five different tactics utilized by social workers in the above field example.

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2) What main strategy has been used to tackle the wrong practices of needle-syringe use by the local health care workers?

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3) What constructive interventions were taken to improve the hospital situation for the better health care services for the HIV+ patients?

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## 2.4 LET US TUM UP

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Three main types of strategies for social action are:

**Collaboration:** In this strategy the social workers collaborate with the local authority and other authorities or agencies in order to bring about improvements in the existing social policy.

**Competition:** In this strategy contending parties utilize commonly accepted campaign tactics to persuade, to negotiate and to bargain, with the willingness to arrive at a working agreement.

Disruption: This strategy signifies more militant approach and it may include strikes, boycotts, fasts, tax-refusal, sit-ins, etc.

Tactics used in social action are strikes, boycott, tax-refusal, persuasion, picketing, marches, fraternization, haunting, leafleting, sit-in, reversal strike, obstruction, renouncing honours, etc.

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## 2.5 KEY WORDS

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**Community Organisation** : It is a process of dealing with individuals and groups who are or may become concerned with individuals and groups social welfare services or objectives, for the purpose of influencing the volume of such services, improving their quality or distribution, or furthering the attainment of such objectives.

**Social Action** : Social action seems to suggest efforts directed towards changes in law or social structure or towards the initiation of new movements for the modification of the current social practices.

**Social Group Work** : It is a process and a method through which individuals and groups in social agency settings are helped by a worker to relate themselves to other people and to experience growth and opportunities in accordance with their needs and capacities.

**Social Work Research** : It means a careful, critical and systematic enquiry into or investigation of a social problem; an effort to find fresh information by experimentation and study, and a process by which we try to find answers to problems of social work.

**Strategies and Tactics** : These are plan or approach or method or device or scheme.

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## 2.6 SUGGESTED READINGS

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Chowdhry, D. Paul (1992), *Introduction to Social Work*, Atma Ram & Sons, Delhi.

Davis, Martin (2000), *The Blackwell Encyclopaedia of Social Work*, (eds.) Blackwell Publishers, Massachusetts, pp. 317-318.

Lees, R. (1972), *Politics and Social Work*, Routledge and Keegan Paul, London.

Mishra, P.D. (1992), *Social Work – Philosophy and Methods*, Inter India Publications, New Delhi.

Moorthy, M.V. (1966), *Social Action*, Asia Publishing House, Bombay.

Siddiqui, H.Y. (1984), *Social Work and Social Action* (ed.), Harnam Publications.

Singh, Surender (1986), *Social Action in Horizons of Social Work* (ed). By Surender Singh & K.S. Soodan, op. cit. p. 161.

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## 2.7 ANSWERS TO CHECK YOUR PROGRESS

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### Check Your Progress I

- 1) Strategies identified by Lees are:
  - a) Collaboration
  - b) Competition, bargaining, negotiation, advocacy
  - c) Disruption/confrontation
- 2) Ten tactics are: picketing, marches, fraternization, haunting, leafleting, renouncing honours, strikes, boycott, tax-refusal and sit-in.

### Check Your Progress II

- 1) They are:
  - a) Propaganda
  - b) Bargaining
  - c) Rally
  - d) Persuasion
  - e) Sit-in
- 2) Confliction/confrontation
- 3) Constructive interventions taken are:
  - a) Development of a written policy for the care of HIV+ patients in the hospital.
  - b) Sensitization programme for all the levels of staff (doctors, nurses, Class IV).
  - c) Translation of policy guidelines into Hindi dissemination of information through posters and brochures.
  - d) Strict guidelines developed for HIV testing and disclosure of results to maintain confidentiality.
  - e) Setting up of a counseling centre for HIV patients and their family. (The centre was linked up with the NGO forum for community out-reach programmes).