

# Clash of barbarisms: Gaza as a metaphor for a fractured world



## LETTERS FROM THE UK

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GEOF WOOD

In 2006, I made a presentation to the Bath United Nations Association entitled, “Clash of civilisations, clash of barbarisms,” in which I took Samuel P. Huntington, the American political scientist, to task for characterising the world in terms of the former phrase. This later morphed into a publication, *Clashing Values in Bangladesh: NGOs, Secularism and the Ummah*, in which I saw various NGOs and movements in Bangladesh acting out global contestations on the local stage. As I ponder now in 2025, we are witnessing the colonial imposition of a one-sided “peace” treaty in Gaza—already broken in its first week, with bombings and humanitarian trucks denied entry—designed to restore the pre-October 7, 2023 status quo.

Thus, there is little mention of the decades of occupation of Gaza or encroachment in the West Bank, with no promises to end either. There are no credible undertakings for this “peace” deal, let alone by its extremist opponents. Reclaiming the historic “river to the sea” area clearly remains the objective for both the extremist victor and the vanquished, thus pursuing absolute, non-negotiable, and mutually contradictory ends. But who are these “Vs,” squeezing out all conciliatory opinions and values that lie between them? They represent the most barbaric versions of their paths, forsaking any hope of peaceful coexistence as neighbours, and instead choosing to remain implacable enemies.

This trend suits those across the world who favour extremism as the only route to their own narcissistic urges for power, their fragile egos valorised through increasing fragility and humiliation of others. Such extremism is strongly characterised by what is rejected or hated, rather than what is liked and valued, feeding on negativity and the confectioned fear of the other. It is this extremism that binds the Israeli far-right and the Hamas in Gaza, each



“We are witnessing the colonial imposition of a one-sided so-called ‘peace,’ already broken in its first week, with bombings and humanitarian trucks denied entry.”

FILE PHOTO: AFP

needing the other for their relevance.

So, it is not a clash of civilisations that we are now witnessing, to use Huntington’s terms, but rather the opposite—the manufacture of barbaric intolerance, acted out through destruction rather than construction. Beyond immediate and mobilising slogans, there is no “what next,” no “what comes after.” No real conception of the good life, apart from

Trump’s dystopian sunset strip.

Last year, I was reminded of a better glimpse of that good life: a BBC Proms concert in London with Daniel Barenboim conducting the orchestra made up of young Israelis and Palestinians of the West-Eastern Divan Orchestra. It was a hugely moving occasion. And let’s not forget Colum McCann’s *Apeirogon*, the tale of Rami and Bassam in Jerusalem, fathers of lost daughters from

clash of barbarisms is a zero-sum game where the effort is directed at the destruction of the other rather than the prospect of mutual gain through socially productive collaboration.

In this sense, Gaza has become a metaphor for something wider and far more dangerous. The politics of extreme identity and naïve nationalism are taking over in many parts of the world, whether in the form of Brexit in the UK or “Make America Great Again” under

exclusive, such as the white supremacism in the US and parts of Europe. Sadly, in Europe, we are painfully aware of past pogroms and discrimination against ethnic minorities, and there is a real fear that we stand on the brink of repeating such horrors.

The exploitation of incremental exclusion, achieved by redefining the rights of belonging and citizenship, is now understood as a form of fascism. In this system, states enforce strict boundaries by denying access to those deemed “beyond the pale,” while simultaneously increasing the exploitation of their labour to benefit encircled elites, who increasingly rely on rents rather than profits to maintain their privilege. These forms of internal slavery have often been depicted in dystopian novels and movies, but are now on open display.

Let us return to Gaza and the West Bank: the former occupied under apartheid-type conditions, and 40 percent of the latter violently occupied by Israeli settlers, backed up by their army, labelling any resistance as terrorism. In both contexts, it is not just space that is being controlled, but also access to employment and income. Under periods of relatively quiescent occupation, Palestinian labour from Gaza crossed daily into Israeli employment but with no rights to influence wage determination and conditions. Akin to slavery, this income tap could be turned off for “misbehaving” individuals who are fast-tracked to Israeli jails, as evidenced by the 1,700 held without charge and then released, returning by the busload as part of the recent hostage exchange “deal”.

The underlying context here is undeniable: the sustained removal of dignity over decades starting from the Nakba in 1948. A deliberate policy of humiliation, culturally and materially. It is small wonder that such atrocities beget atrocities, as October 7 undoubtedly was, timed and designed deliberately to enable further isolation of Palestinians. But barbarisms beget barbarisms. This is not a clash of civilisations. This is a politics of non-negotiable ends. Any scope for negotiation and compromise has been systematically removed from it, made institutionally redundant in favour of brutish violence, threats and intimidation, and further fuelled by the military-industrial complexes wherein lie further opportunities for rents and profits by the world’s self-destructing elites. Are we just pawns in a global game of barbaric chess?

# Why is contraceptive access no longer a national priority?



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MOSTAFA SHABUI

The use of contraceptives was first promoted in Bangladesh (then East Pakistan) in the 1950s. By the 1960s, it had been incorporated into government family planning programmes aimed at curbing rapid population growth and reducing maternal mortality. Over the past six and a half decades, Bangladesh has made remarkable progress: the fertility rate has dropped to less than a third of what it was, accompanied by a significant decline in maternal mortality.

However, in recent years, that progress has begun to stall. A severe nationwide shortage of contraceptives is now exacerbating the situation, coinciding with a worrying rise in HIV infections and related deaths. According to a report in this daily, HIV infections in Bangladesh have increased steadily, in contrast to a global declining trend. Between 2000 and 2024, recorded HIV cases increased by more than 45 percent. Some 882 new cases have been detected by June this year. The report suggested that the alarming rise in recent cases is partly attributed to the disrupted supply of condoms, needles, and

syringes to vulnerable populations, including drug users, sex workers, and transgender individuals, driven by insufficient funding.

The *Daily Star*’s report “Contraceptive crisis grips health centres,” published on October 20, 2025, mentions a collapse in distribution of contraceptives based on supply chain data: between July 2024 and 2025 free condom distribution plummeted from 72.7 lakh to 35.6 lakh and oral contraceptive pills dropped from 48.6 lakh in May 2024 to a mere 12.2 lakh in July 2025, leaving many upazilas completely out of stock. Supplies of intrauterine devices (IUDs), implants, and crucial iron-folic acid tablets for pregnant women and adolescent girls who suffer from anemia have also dwindled significantly or ceased entirely.

According to officials of the family planning department, the shortage started in mid-2024 after the cancellation of a procurement project last year and the failure of the interim government to allocate necessary funding for a subsequent two-year procurement project submitted in 2024.

Many health workers and experts are deeply concerned, warning that this shortage will impact both the population growth and economy of the country. Unexpected pregnancies, abortions, and maternal health problems have economic consequences. Besides, a rise in birth rate will put pressure in the country’s capacity to ensure food, housing, education, healthcare, and jobs for its population, given our limited resources. It also has environmental and social consequences.

While reporting on the contraceptive crisis, I have visited remote areas in several districts, particularly the hard-to-reach chars of the Jamuna and Brahmaputra rivers. In these remote areas, it is women who primarily avail contraceptives from health centres, as men often remain indifferent. In fact, a *Samakal* report, citing the Bangladesh Demographic and Health Survey 2022-23 (BDHS), stated that 91 percent of contraceptive users are women, with only nine percent being men. This shows that, men unjustly and implicitly place the burden of family planning on their female partner. Therefore, when the free service stops, the less affluent and less aware families are undoubtedly at higher risk of unintended pregnancies.

The situation is worsened by a significant rise in the price of birth control related products in the private market, as reported in several media. Therefore, residents of these chars, who are mostly underprivileged, cannot even afford to buy contraceptives from the market. Besides, the women of these char areas told me that they felt discouraged

about family planning as their male partners were very reluctant to engage in this matter.

Meanwhile, health workers in remote community clinics informed that following the disruption of contraceptive supplies and the complete halt of iron-folic acid tablets, fewer adolescents and women were visiting the clinics. This break of contact severely hampers efforts to provide vital maternal health services and create awareness—which, they believe, will negatively impact the overall maternal health care services and population trends.

As a journalist covering remote areas for years, particularly the char areas of northern Bangladesh, I have witnessed that women face significant barriers in relation to maternal and reproductive health care issues. Their male partners are often uninterested in taking them to the doctor in town, even when severely ill, as travelling from a remote char to an upazila or district town for treatment is costly and difficult. Every char I visited in the last nine years has a high incidence of child birth and maternal mortality compared to urban areas.

Bangladesh has achieved a remarkable feat in family planning, moving from just eight percent of families using contraceptive methods in 1975 to a high of 64 percent in 2022. This success saw the average number of children born to a woman drop dramatically from six at the time of independence to only two today. This achievement was the result of concerted efforts by government initiatives, extensive public awareness campaigns, and the dedicated work of NGOs. However, the

recent severe and countrywide shortage of contraceptives threatens to reverse decades of progress in population control and public health.

Now, the core question remains: how could we allow such a crisis of birth control or contraceptives to happen in a densely populated country like Bangladesh? Why are there no contingent plans to avert the crisis? Furthermore, why is the government no longer prioritising birth control as a matter of national importance? The government cannot abruptly, and without any prior warning, trim the free contraceptive services it has provided to marginalised communities for years. There is no evidence that the government is even considering a way to mitigate the enormous health risk that has been created.

The bottom line is that the government should swiftly restore normal contraceptive supplies and treat this matter as a national priority. It should also commission an independent survey on the contraceptive crisis of the past year to determine the extent of the increase in unintended pregnancies, abortions, and maternal mortality. The research findings can then guide the next government to ensure such a crisis never happens again.

Globally, every populous country considers contraception as a national imperative, not just for population control or economic development, but as a life-saving strategy and a legitimate medical procedure. Bangladesh should be no different.

## CROSSWORD BY THOMAS JOSEPH

### ACROSS

- 1 Holds up
- 5 Increase
- 11 Concept
- 12 Incite
- 13 Billy Crystal TV comedy
- 14 Emmy winner Candice
- 15 Memorable time
- 16 Cellar supply
- 17 Valerie Harper TV comedy
- 19 “Succession” network
- 22 Relay stick
- 24 Lipstick goof
- 26 Dull pain
- 27 Singer Fitzgerald
- 28 Roof support
- 30 Scent
- 31 That girl
- 32 Starry hunter

### DOWN

- 1 Ascend
- 2 Scent
- 3 Emmy winner for “Maude”
- 4 Easy victim
- 5 Zealous
- 6 Sports spots
- 7 Extra amount
- 8 Snub-nosed dog
- 9 Try out

### 10 Signing need

- 16 Took the title
- 18 Garden tools
- 19 Emmy winner for “Mad About You”
- 20 Emmy winner Lucille
- 21 Test type
- 22 Soaking spot
- 23 Field unit
- 25 Office note
- 29 “See ya!”
- 30 Small drink
- 33 Washer cycle
- 34 “- Trek”
- 36 Aware of
- 37 Julia Louis-Dreyfus series
- 38 Sty resident
- 39 Before, to bards
- 40 Before today
- 41 German article



## SUNDAY’S ANSWERS

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