

# The Tangail saree’s global fame and the weavers we forget



A Tangail weaver at the loom, weaving a saree.

PHOTO: SHADAB SHAHROKH HAI

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The Tangail saree has travelled far. Once woven quietly in riverside villages, it now appears in fashion catalogues, festival exhibitions, and heritage headlines. With UNESCO recognising the Tangail saree as an Intangible Cultural Heritage of Humanity, it has entered the global imagination as a symbol of Bengal’s fine craftsmanship. Yet behind this recognition lies an uncomfortable truth: while the saree’s reputation has soared, the lives of the weavers who make it remain precarious, undervalued, and increasingly uncertain.

In Tangail—Pathrail, Nagarpur, Kalihati, Basail, Balla, and Sontosh—the day begins with the clack of looms. Inside modest homes, wooden frames creak rhythmically as yarn is drawn,

tightened, and released. Bowls of river water sit nearby, ready for the mar process that prepares the thread. This is not factory labour measured only by output; it is a craft shaped by memory, patience, and bodily skill. But for many weavers, this skill no longer guarantees dignity or security.

The Tangail saree’s uniqueness is inseparable from its geography. The region’s rivers—the Dhaleshwari and the Louhajang—have long provided the iron-free water that supports traditional weaving practices, especially the mar process, when yarn is treated before weaving to achieve softness and strength. Even when Tangail-style sarees are woven elsewhere with similar designs, the finishing often fails to feel the same. The cloth may look identical from a distance, but it does not carry the same softness, drape, and lasting

comfort.

Nilkamal Basak, managing director of Nilkamaler Saree and a member of the Basak weaver community, points directly to the ecological foundation of the craft: “The Dhaleshwari and Louhajang rivers flow through our Tangail. When our ancestors came here, the water of these rivers was so clear and iron-free. This type of clear water is ideal for making any kind of weaving.”

Historically, the craft was sustained by the Basak community, master weavers whose migration across Bengal was shaped by both survival and ecology. From the Indus Basin to

Murshidabad, then through Dhamrai and finally to Tangail, they moved where fine weaving could be produced.

Over time, Tangail weavers developed distinctive techniques and designs. While most cotton fabrics tighten and lose softness over time, Tangail sarees behave differently, becoming softer with use. This durability is rooted in the traditional mar process practised by Tangail’s weavers. Elsewhere, yarn is typically treated with ordinary rice starch (bhatar mar). In Tangail, however, master weavers use khoi er-mar—a starch made from puffed rice—which coats the fibres more gently. The result is yarn that remains smooth, stable, and resistant to shrinkage, even after repeated washing. Nilkamal Basak describes the discipline behind it: “After applying mar, the yarn is wrung thoroughly so that the fibres are stabilised. This prevents them from absorbing excess water. As a result, the yarn becomes shiny and does not shrink. This method has been practised in our Tangail for a long time, which is not found anywhere else.”

The distinctive borders of the Tangail saree, known as paar, with their buti, floral, and geometric designs, are the result of a long process of refinement. The spread of Jacquard weaving, the craft also became an exercise in mathematical precision: punch cards, locally called mala, allowed complex patterns to be encoded and reproduced with near-perfect consistency. The saree became not just beautiful, but technically sophisticated.

Yet the custodians of this knowledge find themselves increasingly sidelined. What once functioned as a household-based economy of skill is now compressed into a fragile system

defined by thin margins and chronic insecurity. The spread of power and semi-power looms has boosted output and reduced costs, but it has also altered how labour is valued. Supply chains are controlled by intermediaries, while weavers are paid by the piece at rates that rarely account for the time, expertise, or physical toll of the work. Social protection remains minimal, health insurance largely absent, and the prospect of old age deeply uncertain.

For women weavers, this precarity is even more pronounced. Their labour is routinely absorbed into domestic life and dismissed as assistance rather than acknowledged as skilled work. After long hours at the loom, they return to unpaid household duties. Their contribution, although essential, remains persistently overlooked.

Against this background, UNESCO recognition is a significant milestone, but prestige does not automatically translate into fair wages, safe working conditions, or stable livelihoods. Without deliberate policy and market interventions, recognition can even deepen inequality: the saree’s brand value rises, prices climb, and profits accumulate elsewhere, while the weavers remain stuck at the bottom of the chain.

This is why the crucial question is not only what makes the Tangail saree unique, but what kind of future it will have. A living craft survives only when people can afford to practise it. If the next generation sees weaving as a path to poverty, the tradition will not continue—no matter how many exhibitions celebrate it.

Recognition must be matched by concrete measures: fair pricing mechanisms, direct market access for weavers, stronger co-operatives, and public support through healthcare, pensions, and training programmes that protect skill transmission. Otherwise, the Tangail saree will become a paradox—globally admired, yet locally abandoned.

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# ONE HEALTH, ONE FUTURE

## The critical role of Bangladesh’s veterinarians

K. B. M. SAIFUL ISLAM

Bangladesh’s public health story is often told through the lens of hospitals, epidemics, and human suffering. We speak of dengue seasons that grow longer, of malnutrition that persists, and of climate driven diseases entering new regions. Yet beneath these visible crises lies another struggle; one that begins not in hospital wards but in farms, fish ponds, live bird markets, and the countless households where humans and animals share space, water, and risk. This struggle determines whether our food is safe, whether outbreaks can be contained, and whether lifesaving antibiotics will remain effective for the next generation. At the centre of this quiet frontline stand Bangladesh’s veterinarians.

Their work extends far beyond treating sick livestock, poultry or pets. Veterinarians stand at the intersection of human, animal, and environmental health; an intersection that global experts now call “One Health.”

In a country where people live in close and constant contact with domestic and peri domestic animals, where zoonotic diseases and multidrug resistant organisms are increasingly reported, veterinarians are not peripheral actors. They are central to national health security. Yet their contributions remain largely invisible. Their shortages are rarely discussed. Their challenges seldom reach the policy agenda, and their potential, which is immense, transformative, and urgently needed, remains underused.

**A nation built on interdependence**

Bangladesh’s food system is vast, intricate, and deeply interdependent. Livestock and aquaculture are woven into Bangladesh’s rural and peri urban life. Chickens in courtyards, goats near kitchens, cattle in backyard sheds, and fish ponds beside homes are not just economic assets; they are daily companions and buffers against crisis. However, this intimacy brings risk. A contaminated batch of milk can affect hundreds of families. A poultry outbreak can seed infection in humans. An anthrax infected carcass can trigger a cluster of human cases. A dog bite can still mean a death from rabies.

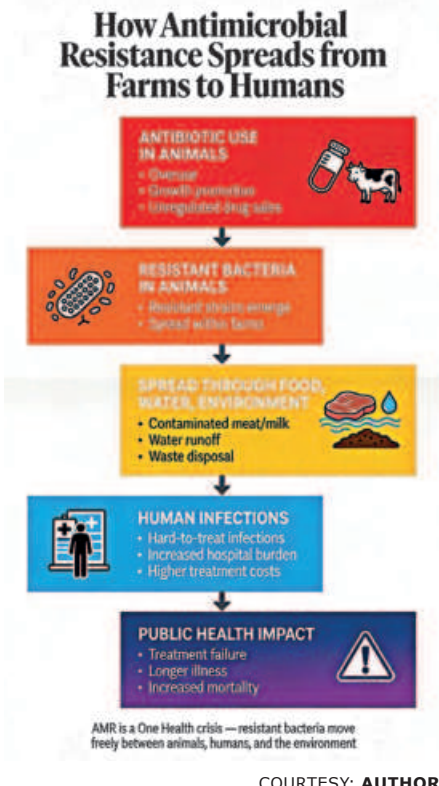
These are not hypothetical. Bangladesh has faced repeated anthrax episodes, avian influenza waves, and persistent rabies risks. A national One Health zoonotic disease prioritisation exercise identified anthrax, rabies, Nipah virus, zoonotic influenza, brucellosis, and zoonotic tuberculosis as high priority threats requiring coordinated action that depends heavily on veterinarians.

Geography and demography amplify these risks. High population density means humans and animals share space intensely. Floods, cyclones, and heatwaves disrupt ecosystems and spread pathogens. Urbanisation creates new interfaces: stray dogs around garbage dumps, free roaming poultry near markets, and backyard livestock in expanding townships. In this context, One Health becomes a necessity, not a slogan.

**The veterinary frontline: Essential but overstretched**

A government veterinarian in a peri urban upazila may be responsible for tens of thousands of animals. His day may begin with a sudden spike in poultry mortality, requiring sample collection and emergency biosecurity advice. Later, he may inspect a slaughterhouse with poor drainage and minimal hygiene. In the afternoon, he may train farmers on antibiotic use; only to see many still rely on unregulated drug sellers.

Veterinarians are trained in both animal production and health management. They possess in depth expertise in epidemiology, microbiology, pathology, and public health, knowledge that is essential for ensuring healthy animals. They understand how



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In skilled hands, life begins as veterinarians deliver newborn kittens through an emergency caesarean section at a clinical facility.

diseases jump species, how bacteria evolve under antibiotic pressure, and how food becomes contaminated. Yet the system often treats them as “animal doctors” rather than strategic actors in national health security.

High-income Asian countries offer a contrasting picture. In Japan, veterinarians are integral to public health centres and food safety agencies. South Korea embeds veterinarians in hazard-tracking systems that monitor risks from farm to fork. Singapore’s whole-of-government One Health model links animal health, food safety, and environmental monitoring. Bangladesh’s veterinarians, by contrast, operate with fewer resources, limited institutional support, and far less recognition, despite carrying responsibilities just as critical.

**Food safety: The invisible infrastructure of trust**

Food safety attracts attention only during crises: adulterated milk, contaminated meat, or festival related outbreaks. However, most of the time, it is an invisible infrastructure of trust. People eat what is available and affordable, trusting that someone, somewhere, is keeping it safe.

In Bangladesh, that trust is fragile. Live bird markets often have cramped cages, mixed species, poor waste disposal, and minimal hygiene. Slaughter is frequently performed on the floor. Milk may be transported unrefrigerated through multiple

intermediaries. Fish ponds may be treated with antibiotics or chemicals without guidance.

Veterinarians should anchor this safety net. But to do so, they need clear mandates, legal authority, laboratory support, and adequate resources. Many countries involve veterinarians at every stage of food safety — from slaughterhouse approval to export certification. Bangladesh has regulations, but implementation is uneven and veterinary expertise underutilised.

**Antimicrobial resistance: A silent epidemic**

If one issue captures the urgency of One Health, it is antimicrobial resistance (AMR). In Bangladesh, antibiotics are widely accessible without prescription. In the veterinary sector, this leads to prophylactic and growth promoting use in poultry, cattle, and fish. Even well-trained veterinarians struggle to ensure responsible antibiotic use when diagnostics, enforceable regulations, and economic incentives are lacking.

On the human side, patients often self-medicate or demand antibiotics even for viral illnesses. Hospitals and clinics with limited lab capacity rely on broad spectrum drugs. Resistant bacteria move freely between humans, animals, and the environment.

Veterinarians must be empowered as stewards of antimicrobial use in animals, promoting vaccination, better housing, and improved nutrition over routine antibiotics.

Still, AMR cannot be solved from the veterinary side alone. It requires joint surveillance, shared data, and multidisciplinary committees involving veterinarians, physicians, microbiologists, and environmental scientists.

**Learning from Asia, and moving forward**

Japan, South Korea, Singapore, Malaysia, Thailand, China, India, and Nepal all demonstrate elements of strong veterinary public health systems: integrated surveillance, strict food safety enforcement, and veterinarians embedded in public health institutions. Bangladesh has made progress through platforms like One Health Bangladesh and zoonotic disease prioritisation exercises, but implementation gaps persist. Policies exist on paper, yet frontline veterinary services remain underfunded. Coordination is discussed in workshops, but data systems remain siloed.

**A call to action**

Bangladesh can no longer afford to overlook its veterinary sector. Strengthening it is not a technical detail; it is a strategic imperative. This means deploying more veterinarians, investing in laboratories, integrating veterinary expertise into national health planning, and empowering One Health platforms to function as operational mechanisms rather than symbolic bodies.

Veterinarians are guardians of food safety, custodians of antimicrobial stewardship, and sentinels for emerging diseases. When a veterinarian advises a farmer against indiscriminate antibiotic use, tests pond water, or demands improvements in a slaughterhouse, they are protecting human lives.

Bangladesh’s future health security depends on recognising this truth: when animals are healthy, people are healthy. Unless we support those who keep animals healthy, we will remain unprepared for the challenges ahead.

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