VOLUME 26, ISSUE 21, TUESDAY, OCTOBER 20, 2026
KARTIK 4, 1433 BS

Star LIFE

E-mail: lifestyleds@yahoo.com
64-65 Kazi Nazrul Islam Avenue, Dhaka-1215.

The Canvas of CONCH

PHOTO COURTESY: TAHMINA SHAILY
JEWELLERY: SHOILEE

#NOTES

Breast cancer and the importance of standing together





Cancer is a dreaded word. A fair share of misunderstanding still prevails in Bangladeshi society regarding the illness. Diagnosis of cancer, and breast cancer in particular, can instantly change a woman's life and shape the lives of those who are close to her.

A person suffering from cancer is all of a sudden forced to navigate life through uncertainty, social stigma, and a share of anxiety. And her relatives live in fear of the inevitable and the looming prospect of financial hardships.

However, what is not fully understood is that in many cases, early detection can improve the outcome of the treatment and often make full recovery a possibility.

EARLY DETECTION AND AWARENESS

In our battle against the disease, perhaps our efforts should focus on early detection and awareness. It is prevalent in all economic levels of society. So, awareness programmes must be conducted among women of poorer backgrounds and also ensure that they have access to adequate medical facilities.

Women must be taught to perform self-examinations, which can lead to early detection. They must be able to recognise the early signs. While these may not necessarily mean she is suffering from cancer, ignoring them can often delay proper diagnosis and appropriate treatment.

Women must also be informed that they must rise above the fear and the embarrassment that they often face in seeking medical advice and making an early diagnosis possible.

EMOTIONAL SUPPORT MATTERS

Bangladesh is still a society where family bonds are strong. Relatives are thus important in providing emotional and psychological support to women diagnosed with breast cancer. However, the concept of counselling the terminally ill is still not fully understood among the general population. We expect patients to remain strong despite all odds, often leaving them unable to express their fears and anxiety.

Professional counselling can sometimes help people in these situations. But one must also realise that seeking such professional help can be an expensive affair. Counselling, even by friends and family, can at times help patients process the emotional distress. Simply listening to their problems without being judgemental and respecting a patient's decision regarding treatment can go a long way in the healing of a cancer patient.

We as a society must realise that caring for a cancer patient does not cease with the end of the treatment. Long after, patients may still experience fatigue, discomfort, and emotional distress. And at every step of this, we must stand beside them.

Patients need emotional support and care throughout recovery and beyond. Standing beside them at every stage can help ensure that no woman has to face this difficult journey alone.

-- LS Desk
Photo: Collected



Dhaka's Best Bread launches at Crowne Plaza Dhaka Airport

Crowne Plaza Dhaka Airport launched Dhaka's Best Bread, a range of artisanal sourdoughs and baguettes, at its Connexions venue on World Bread Day, 16 October.

James Goldman, deputy high commissioner and development director at the British High Commission, Dhaka, was chief guest. Sakib Ershad, the commission's director of trade and investment, was guest of honour.







Ashwani Nayar, area general manager of IHG South West Asia and cluster general manager of Crowne Plaza Dhaka Airport, said the idea began earlier this year, during a bread tasting in the hotel's bakery. Chef Philip had brought out hot rolls straight from the oven.

That tasting settled it. "We really wanted to stake a claim to Dhaka's best bread," Nayar said. The aim, he added, was a bread that carries tradition and heritage and can stand beside any in the world.

Romano Kreutz, the cluster director of culinary, said the loaves would be baked fresh each day and served throughout the day, not only at breakfast. Guests could eat them at the hotel or take them home.

Nayar traced bread from the flat, unleavened loaves of this region to the larger, leavened breads that arrived with European influence. "What could be better than bringing Dhaka's best bread to Dhaka?" he asked.

The project, he said, would not stop at a bread counter. "It's going to be the launch of a new era."

Philip Gomes, the cluster executive pastry chef, presented five signature breads, each pairing traditional baking with local ingredients. The Dhaka Sour Bread starts with a flour-and-water starter left for three to four days, which gives a chewy crumb and a crisp crust.

A multigrain loaf uses about eight grains and seeds, including millet, barley, sesame, sunflower, and pumpkin seeds, with local honey such as Sundarbans or mustard honey. A third contains quinoa, chia, and oats soaked overnight. A savoury loaf carries roasted garlic and provolone, and a soft bread is made with coconut milk, fresh turmeric, and ginger.

Gomes said about 80 per cent of the bakery's products use the same mother dough. A sourdough takes roughly four days from starter to loaf, including a night proofing in the chiller.

A sixth option lets guests design their own loaf. They can tell the chef whether they want it nuttier, sweeter, or sourer, and the order stays on record. "Your bread, your way," Nayar said.

Custom orders need between 8 and 72 hours, depending on the bread. "If you want something that requires effort, then that effort requires time," he said. Gluten-free versions could follow, depending on how guests respond.

Kreutz said the team gave trial baskets to regular guests before the launch and took their feedback. That led to local accompaniments such as caramel, pineapple cinnamon marmalade and local honey.

The tasting at the event also included sandwiches and dips, among them tomato chutney and cream cheese.

Tastes, Kreutz said, had changed. Bread in Bangladesh once meant mostly milk bread and toast, but now "people are more open and enjoying the taste."

Nayar said IHG is a British company working with its local partner, United Group, which caught the interest of the British High Commission's trade office. Beyond RMG, he said, food is an important part of trade between the two countries.

He likened the idea to the corner bakeries of his childhood. Children carried dough from home, and the baker knew each family's taste on sight. "Bread as bonding," he said.

Address: Connexions, Crowne Plaza Dhaka Airport, Civil Aviation Plot, Dhaka–Mymensingh Highway, Kurmitola, Dhaka. For reservations and enquiries: +880 1886 441166 | +880 1886 441188

Photo: Abrar Faiyaz Nil



#WOMEN IN FOCUS

JOYEETA TRISHA
refused to let cancer steal her future



When photographer Joyeeta Trisha was diagnosed with breast cancer at 36, her entire world came to a halt. As a single mother facing terrifying uncertainty, she held on to work, family, and hope to rebuild her life.

Trisha says the first signs did not look like what she might have imagined breast cancer would look like. She began experiencing unusual tiredness, nausea and changes in her bowel habits. Food no longer tasted the same, and before her periods, she experienced breast pain that felt different.

Initially, she attributed the symptoms to her busy lifestyle, stomach problems, migraine or sinus issues.

"I thought I was sick because I did a lot of work," she recalls.

For three to four weeks, however, the symptoms continued. Then all of a sudden, she noticed something else: a lump near the side and lower part of her breast, extending towards the underarm area. Her instinct told her something was wrong.

"I never felt this before," she says.

That feeling eventually prompted her to see a doctor.

"No one expects to have cancer"

The diagnosis came at an age when Trisha never imagined she would be dealing with such a serious illness.

"I was 36-37 years old. I didn't expect to have cancer," she says.

The financial burden was one of the first challenges she had to confront. As a middle-class family, she says, they did not have a large amount of savings readily available for prolonged cancer treatment. She had some gold jewellery that her mother had given her, which became part of the financial consideration during her treatment.

At one point, she thought of fundraising, but later decided against it. "I thought about fundraising first. But then I thought about my self-respect. I thought, I won't do this. I will see how long I can continue."

Her treatment expenses came gradually rather than all at once. With the support of her siblings and family, she continued. But money was only one part of the struggle.

TREATMENT, EXHAUSTION, AND A BODY THAT WANTED TO RECOVER

Trisha's treatment was particularly difficult because of how frequently she had to undergo chemotherapy. She explains that chemotherapy cycles are often spaced out so that the body has time to recover. In her case, however, she had chemotherapy at shorter intervals.

She would spend days recovering at home, only to face another cycle soon afterwards.

"I couldn't leave my house for a week or ten days," she says. "Then I would have another chemo cycle."

The physical effects were difficult. Her appearance changed, and she lost her hair.

But she learned to separate the temporary effects of treatment from the disease itself.

She knew that chemotherapy, rather than cancer itself, was responsible for her hair loss. She reminded herself that once treatment was completed, her hair could grow back.

For Trisha, understanding what was happening to her body became an important part of coping with treatment.

THE HARDEST PART AND THE HIDDEN COST OF CANCER

While the physical side of treatment was difficult, Trisha describes the emotional struggle as one of the hardest parts of her journey.

She was a single mother. Her son was around 10 or 11 when she was diagnosed. Trisha did not tell many people outside her family that she had cancer. There was a reason: she had seen how cancer is often viewed in Bangladesh.

For many people, a cancer diagnosis immediately creates an assumption that the person will die. She did not want that fear surrounding her while she was trying to survive.

"I don't want to die before I actually die," she says.

For the first few months, she cried frequently. She became deeply depressed and could not work. She also feared that she would die. Her son feared the same. Even her doctors could not promise her that treatment would definitely work. They could tell her that if the treatment worked, she could recover. But cancer does not respond identically in every person. That uncertainty was frightening.

SHE KEPT FIGHTING

Despite the fear, Trisha decided to keep going. She also realised that she needed something beyond medical treatment to help her cope mentally. During one of her visits for an ultrasound, a doctor encouraged her to continue doing whatever activities she could manage and to keep herself occupied. Trisha followed that advice. Gradually, work became part of her recovery.

She began returning to professional activities whenever her physical condition allowed it.

"I believe that doing meaningful work helped me during my recovery," she says.

For someone whose life had always revolved around photography and creative work, staying connected to that part of herself gave her something to focus on beyond cancer.

NEARLY TWO YEARS OF TREATMENT

Her treatment was not a short journey. She underwent eight chemotherapy sessions in total. She received chemotherapy before surgery, underwent surgery after the initial rounds, and later received further chemotherapy and radiotherapy. Targeted therapy and immunotherapy also formed part of her treatment. The exact combination and sequence of treatments, she emphasises, depended on her individual condition and response. The process continued for almost two years.

At the end of it, mammograms and blood tests showed that she was cancer-free.

But for Trisha, "cancer-free" did not mean that the journey was completely over. Regular follow-ups remained important because breast cancer can recur, particularly during the years following treatment.

LIFE AFTER CANCER

Today, Trisha is working almost fully again. She continues to work as a photographer, focusing on lifestyle and portrait photography. She travels whenever she can, taking her son with her. Recently, she travelled to Japan and South Korea with him.

The woman who once spent months wondering whether she would survive now speaks about cancer from the other side of a long and difficult treatment journey. But she does not describe herself simply as a survivor. Her story is also about paying attention, asking questions, understanding one's own treatment and refusing to let fear dictate what happens next.

Her message to others is perhaps the simplest part of her story. If something feels different, get it checked. Because sometimes, the body speaks long before a diagnosis does. The important thing is to listen.

By Farhana Faiza
Photo: Vaskar Sam

#HEALTH & FITNESS

How cancer counselling helps you navigate treatment and rebuild confidence

Facing a life-changing diagnosis involves far more than medical appointments and prescriptions. From handling treatment burnout to easing difficult family conversations, working with a therapist provides essential tools to navigate the emotional side of recovery.



Most of us picture counselling sessions as a chair, a box of tissues and an hour of talking about chronic depression. And for someone fighting cancer, that picture can be the very first thing that keeps them from walking through the door.

The reality, however, is broader. A psychologist or counsellor is not there only to hear about your feelings of distress, but also to help you manage the many challenges that come with a diagnosis, including fear, treatment-related stress, changes in your body, difficult conversations at home, questions about work, and a future that suddenly feels uncertain.

The first thing many patients meet, though, is not sadness but disbelief.

Abdul Hamid, who is a prominent psychotherapist at the Monobikash Foundation, says, "The most common reactions after a diagnosis are non-acceptance and denial. 'This can't be happening to me' is a way of protecting oneself from something too large to take in at once."



That is why a psychologist primarily assists cancer patients in coming to terms with their diagnosis and gradually accepting the changes it brings to their lives. Hamid clarifies that encouraging patients to "stay positive all the time" is not how counselling sessions work. It is more about creating a safe space for them to express their fears, frustrations, and uncertainties without judgment.

Through emotional support, realistic reassurance, and positive encouragement, they assist patients in recognising their strengths, acknowledging their efforts, and rebuilding their confidence in their ability to navigate the journey ahead.

Even small affirmations such as acknowledging their courage in attending treatment or their determination to keep going despite challenging days can strengthen their sense of self-worth and agency.

The goal is not to deny the reality of the illness but to empower patients to confront it with greater emotional resilience, hope, and confidence. In Hamid's experience, individuals who are psychologically and mentally strong tend to respond better to medication.

In practice, most psychologists begin by simply listening. They want to know what has happened, what worries you most, and what support you currently have in place. You do not have to share your entire story all at once, nor do you need to have the "right" words to express yourself. And over the course of several sessions, the conversation typically shifts to specific issues and how to address them.

Along the way, many patients arrive carrying fears and uncertainties: fear of pain, treatment, and the unknown. Hamid says a counsellor helps identify these fears so they no longer operate in the dark. Treatment itself can often be a source of stress. Side effects, waiting for scan results, making difficult decisions, and the exhaustion that comes with hospital routines can wear a person down, even when the treatment is progressing well.

The body's changes bring their own struggles. "The physical changes may lead individuals to feel self-conscious, prompting them to avoid social interactions," Hamid mentions. "In such cases, counselling can be beneficial in helping to rebuild confidence and comfort in being seen by others."

Hamid mentions how relationships change too, as partners take on caregiving roles, intimacy shifts, and some friendships fade. Returning to work after treatment raises further questions about energy, disclosure, and how colleagues will react. These changes are worth discussing rather than keeping silent.

Throughout, counselling is not only about talking. Practical tools, such as ways to manage anxious thoughts, coping with negative rumination, and ways to pace daily life, are part of the work.

Ultimately, a psychologist cannot change a diagnosis. However, they can provide a supportive, non-judgmental environment and assistance in initiating difficult conversations. While medicine addresses the illness, counselling supports the individual experiencing it.

By K T Humaira
Photo: Collected



Knowing your normal: Breast Health Hub

For many women, questions about their breasts begin early. What does a lump mean? If breast cancer runs in the family, should one be worried? These are among the questions Monoshita Ayruani, founder of a lingerie brand, says her team has repeatedly heard during private bra fittings. Those conversations led to the launch of the SHAPE Breast Health Hub, a free online resource designed to help women understand what is normal for their bodies and recognise changes that may need medical attention.

Launched on October 7 during Breast Cancer Awareness Month, the Hub is available in Bangla and English.

A SIMPLE HABIT: LOOK, FEEL, NOTICE

At the centre of the Hub is a monthly awareness habit: Look, Feel, Notice. It encourages women to become familiar with how their breasts normally look and feel so they can recognise changes. The Hub explains which changes should be discussed with a healthcare professional and provides information on seeking care in Bangladesh, including at public hospitals and private clinics.

Users can set monthly reminders through their calendars or WhatsApp. The Hub is an awareness resource, not a medical tool.

"It is not a diagnosis. It is not screening, and it says so clearly: knowing your normal does not replace the screening a doctor recommends for your age and history," Ayruani explains.

The Hub also states that it does not save or send information users enter or tick on the page.

AWARENESS, NOT DIAGNOSIS

The Hub's Signs section covers eight changes, including new lumps, changes in breast size or shape, skin dimpling, nipple inversion or discharge, redness, warmth and persistent localised pain. It explains what these changes can mean and advises users to seek professional assessment for new or persistent changes.

The platform does not assign numerical risk scores or categorise users as low or high risk.

"The boundary is this: the Hub will never give a woman a score, a tier or a 'low risk' label," Ayruani says. "A short quiz cannot know anyone's risk, and a reassuring label from a bra company could delay real care."

BUILDING THE INFORMATION RESPONSIBLY

The Hub lists sources for its figures and clinical information, drawing on public education materials from relevant organisations. It distinguishes US-based figures from information applicable to Bangladesh.

Before launch, two practising doctors reviewed the content. Their feedback led to revisions concerning the awareness habit, survival statistics, care navigation and privacy.

TAKING THE MESSAGE BEYOND THE WEBSITE

The Hub will remain available throughout the year. Over the following two weeks, the brand plans to promote it through posters in hospitals and clinics across Bangladesh.

"I want 'know your normal' to become an ordinary phrase among Bangladeshi women, as ordinary as asking your bra size," Ayruani says. She hopes women who notice changes will seek medical advice without panic or shame.

By Farhana Faiza
For details on the breast health hub, visit: https://shapelingerie.com/pages/breast-health-hub



Star LIFE Style

The changing story of SHANKHA-POLA

Years ago, while speaking with an elderly artisan in Shankhari Bazar, Tahmina Shaily, owner of jewellery brand Shoilee, heard a description of the neighbourhood that stayed with her. The narrow stretch now lined with shops, residences, and storage spaces, once looked very different. According to the artisan, many of the buildings had open verandas where craftspeople sat cutting conch shells with specialised saws to make shankha.



Photo Courtesy: Shoilee
Special Thanks to Lora Khan, 6 Yards Story and Tahmina Shaily, Shoilee for the interview

"The shankher korat, which was used to cut the conch shell, could be seen on every veranda," recalls Shaily. "Today, the rear spaces have become factories, residences or warehouses, but the craft continues, although much less visibly."

That image captures much of the story of shankha-pola today. The craft has not vanished, but it has moved out of sight. At the same time, the jewellery itself is appearing in more places than ever.

Once read primarily as a marker of marriage among Bengali Hindu women, shankha-pola is now also being worn as a fashion accessory, a statement of Bengali identity and an element of contemporary styling.

During Durga Puja, when red and white return to the centre of festive dressing, this transformation becomes especially visible.

MORE THAN AN ORNAMENT

For Shaily, shankha-pola cannot be understood simply as pieces of jewellery.

"To me, shankha-pola carries profound emotional stories, exchanges and sharing," she explains, adding, "A glass bangle is a glass bangle, and a jhumka is a jhumka. However, when you see shankha-pola, you do not only think that it looks beautiful. You immediately associate it with a story, a culture, a relationship, a certain kind of Bengali identity."

Traditionally, shankha refers to the white bangle carved from conch shell, while pola refers to the red bangle associated with coral. Among Bengali Hindu women, particularly married women, the pairing has long carried ritual and marital significance.

That recognition often travels across borders. According to Shaily, seeing someone wearing the pair of bangles abroad can immediately suggest a connection to Bengali culture. Perhaps that is one reason the form has survived for generations. Its appeal is not built only on design. It is tied to memory, relationships and identity.

A WIDER DESIGN VOCABULARY

Lora Khan, owner of 6 Yards Story, sees more room for variation. For her, the limited range of conventional shankha-pola designs created an opportunity.

"Very limited designs were available before," she says. "I saw that I actually had a lot of scope to work in this area. I thought, why not offer a different kind of design so that more people would like it? And people actually did."

Today, versions inspired by pola appear in black, green, pink and other colours, especially when made from fibre or acrylic.

Khan is careful, however, to distinguish these from traditional materials.

"Even I have caught myself saying 'black pola', but it is actually a black fibre bangle," she explains.

The distinction matters.

Contemporary fibre and acrylic bangles borrow the shape and visual vocabulary, but are not identical to the traditional object. This also explains their popularity. Modern versions are easier to produce, affordable, and simpler to experiment with.

"Real shankha is expensive, so many people do not wear it regularly," Khan clarifies. "Pola, especially the more affordable versions, is easier on the wallet. People can change designs, buy more than one and wear them more often."



FROM MARITAL MARKER TO STATEMENT PIECE

Perhaps the biggest change is not colour or material, but who feels comfortable wearing it.

"It is not like only married women wear it anymore," Khan says. "Many people look at it as a statement piece now."

That does not erase the traditional meaning for women who wear it as part of marriage and religious practice. Instead, another way of wearing it has developed alongside that meaning.

Tahmina Shaily has noticed this shift particularly among younger women.

She recalls a time when festive dressing often meant a complete transformation. Today, festive identity can be expressed through smaller additions.

Someone may spend the day at work in a simple shalwar-kameez, then add bangles, a colourful dupatta, kajal and a teep before heading out in the evening. A student in jeans and a T-shirt may stack red bangles on both wrists. A daughter may borrow jewellery from her mother even if their outfits look entirely different.

PUJA DRESSING, REWORKED

For Lora Khan, Durga Puja is an ideal moment to experiment with this flexibility.

She suggests treating each day of the festival differently. A wearer may choose red and white for Dashami, while opting for another pola-inspired colour on a different day to complement the outfit.

The styling can be as elaborate or as restrained as the wearer prefers.

This reflects a larger change in festive dressing. People no longer necessarily feel they must choose between dressing traditionally from head to toe or not dressing festively at all. A single accessory can do enough.

That is where shankha-pola becomes especially useful. It can be part of a saree look, but it can also sit comfortably beside silver bangles, a kurta, denim or a more contemporary silhouette.

WHEN THE LOOK SURVIVES BUT THE CRAFT STRUGGLES

At Shankhari Bazar, the traditional practice of carving conch has become less visible, and Tahmina Shaily believes fewer artisans are working in the field. The concern is simple: an aesthetic can survive even after the craft behind it weakens.

She believes designers and consumers both have a role to play.

"When demand increases, artisans will thrive, and the practice will flourish," she says. "Designers can play a role, and buyers



can consciously prioritise local jewellery that is connected to our culture, memories and emotions."

That may be the more important conversation this Puja. Wearing shankha-pola more often can certainly keep the form visible, but visibility alone is not enough. Understanding what is handmade, what is inspired by tradition and what materials are being used also matters.

If shankha-pola is to remain more than a festive trend, the goal should not simply be to wear it more often. It should also be to know what we are wearing, who made it, and what part of Bengali cultural history we are carrying on the wrist.

By Ayman Anika

#FOOD & RECIPES

Rediscovering the quiet comfort of traditional Bengali daal dishes



Nobody has ever queued up for lentils. Nobody takes a photo of the steel bowl sitting at the corner of the table. And yet, take it away and see how lunch goes. The rice looks lost, and the bhorta feels lonely. And someone always asks, "Daal nei?"

You can tell daal is coming before you see it. Around one in the afternoon, there is a hiss from the kitchen, garlic and dried chillies hitting hot oil, and the whole flat knows lunch is minutes away. That sound is the chonk. It lasts ten seconds, and no one has ever been annoyed by it.

A plain plate of daal-bhaat is a small miracle. Rice by itself is just rice. Pour a little over it, and it becomes a meal you want to keep eating. Add alu bhorta with a lot of mustard oil, a begun bhaja, and maybe a fried egg with lacy edges, and you have the kind of lunch nobody describes as special, but everybody remembers.

A cooked cup of lentils has about 18 grams of protein, plus fibre, iron and folate. Eaten with rice, the two cover each other's gaps in amino acids, so the plate ends up healthier than it looks. Our grandmothers figured this out long before anyone printed it on a packet.

It is also affordable and very forgiving. Too thin, let it simmer. Too thick, add water. Forgot the salt; add it at the table. Daal never complains!

Ask people about daal, and they rarely talk about protein. They tell you about one particular bowl. A grandmother's, a hostel mess's, the one that appeared during exams and fevers and the weeks when nothing was going right. Most of us didn't have a favourite dish on those days. We just wanted the thing that was already in the kitchen.

Then there is the eating itself. Mashing rice and daal together with your fingers, warm enough to loosen the grains, is something no spoon has ever managed. The smell of turmeric, garlic and toasted spice hanging around the kitchen afterwards is the closest thing we have to a family perfume.

We talk a lot about the dishes that show off, the biryani, the kachchi, the naans and kebabs that need a nap afterwards. Daal does not need any of that. It sits on the table, gets scraped clean, and somebody always asks for a second helping!

DAAL-BHORA POTOL (LENTIL STUFFED POINTED GOURD)

Ingredients

For the stuffed pointed gourd —

10–12 medium-sized potol (pointed gourds); ½ cup chana daal (Bengal gram), soaked for 1 hour; 1 tsp ginger paste; ½ tsp cumin powder; ½ tsp coriander powder; ½ tsp turmeric powder; 1 green chilli, finely chopped; salt to taste; 3–4 tbsp mustard oil

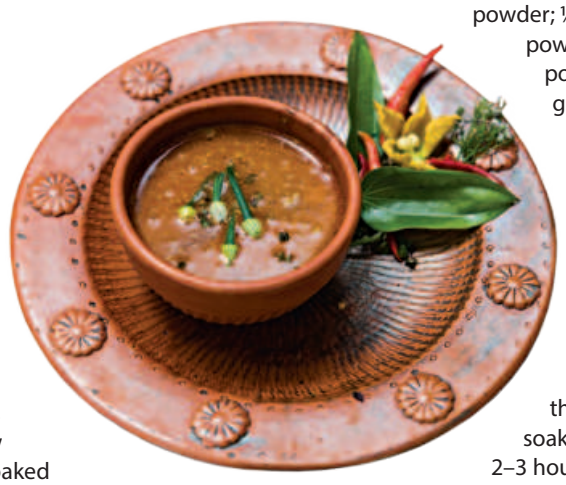
For the gravy —

1 medium tomato, finely chopped; 1 tsp ginger paste; ½ tsp cumin seeds; 1 bay leaf; ½ tsp cumin powder; ½ tsp coriander powder; ½ tsp red chilli powder; ½ tsp garam masala powder; 1 tsp sugar (optional); salt to taste; 1½ cups warm water

Method

Peel the pointed gourds lightly, leaving a little green skin for texture, and trim both ends.

Carefully make a lengthwise slit in each pointed gourd and remove the seeds to create a hollow centre. Boil the soaked chana daal until tender but not mushy, then drain thoroughly and coarsely mash it. Heat a little mustard oil in a pan and add ginger paste, chopped green chilli, cumin powder, coriander powder, turmeric and salt. Add the mashed daal and cook for 4–5 minutes until the mixture becomes fairly dry and aromatic.



Allow the filling to cool slightly, then stuff each pointed gourd with the prepared daal mixture. Heat the remaining mustard oil in a pan and lightly fry the stuffed pointed gourds until golden on all sides. Remove and set aside.

In the same pan, add the bay leaf and cumin seeds. Once fragrant, add ginger paste and chopped tomato, followed by cumin powder, coriander powder, turmeric, red chilli powder, salt and sugar. Cook until the tomatoes soften and the masala releases oil. Add warm water and bring the gravy to a gentle boil. Carefully arrange the fried stuffed pointed gourd in the gravy, cover and simmer for 10–15 minutes until tender and well coated with the spices. Finish with garam masala and a drizzle of mustard oil. Serve hot with steamed rice, pulao or luchi.

BEGUN WITH MOONG DAAL CRUST

Ingredients

2 large eggplants (begun), cut into thick round slices; ¾ cup yellow moong daal; 2 tbsp rice flour; ½ tsp turmeric powder; ½ tsp red chilli powder; ½ tsp cumin powder; ½ tsp ginger paste; salt to taste; 1 tsp poppy seeds (optional); mustard oil, for shallow-frying

Method

Wash the moong daal thoroughly and soak it in water for 2–3 hours. Drain and grind the daal into a thick, coarse paste, adding very little water. Transfer the paste to a bowl and mix in the rice flour, turmeric powder, red chilli powder, cumin powder, ginger paste, salt and poppy seeds. Add a little water if necessary to make a thick coating batter. Wash the eggplant slices, pat them dry and sprinkle lightly with salt and turmeric.

Heat mustard oil in a frying pan over medium heat. Dip each eggplant slice into the moong daal batter, ensuring it is evenly coated on both sides. Carefully place the coated slices in the hot oil and shallow-fry over medium-low heat until the lentil crust becomes golden and crisp and the eggplant is tender inside. Turn gently and cook the other side. Remove and drain on kitchen paper. Serve hot as a delicious Bengali-style starter or side dish with steamed rice and daal.

DAAL WITH TARO STEMS (KOCHUR DATA DIYE DAAL)

Ingredients

1 cup masoor daal (red lentils); 2 cups tender taro stems (kochu data), peeled and cut into 2-inch pieces; 1 medium tomato, chopped; 1 tsp ginger paste; 2 green chillies; ½ tsp turmeric powder; ½ tsp cumin seeds; 1 dried red chilli; 2 tbsp mustard oil; salt to taste; 4 cups water; ½ tsp cumin powder (optional)

Method

Wash the daal thoroughly and soak for 20 minutes. Wash the taro stems, remove their tough outer fibres, and cut them into pieces. Boil the stems separately until completely tender, then drain.

Cook the daal with turmeric and water until soft. Heat mustard oil in a pan and add cumin seeds and dried red chilli. Add the ginger paste and chopped tomato, and sauté until the tomato softens. Stir in the boiled taro stems, cumin powder and salt, and cook for a few minutes to allow the flavours to develop.

Add the cooked daal and green chillies, mix well, and simmer for 10–15 minutes until the daal reaches the desired consistency. Adjust the seasoning and add hot water if needed. Serve warm with steamed rice.

Important tip: Taro stems must be cooked thoroughly, as insufficiently cooked taro can cause itching or irritation in the mouth and throat. Choose tender stems and cook them until completely soft.

By Tagabun Taharim Titun
Recipes by Salina Parvin

A NOTE ON NUTRITION



CHOWDHURY TASNEEM HASIN
The author is the Chief Clinical Dietitian and Head of the Department, Dietetics and Nutrition Department, Continental Hospital PLC

BEYOND MILK:
The new science of whole-body bone longevity

A quiet shift is happening in modern wellness: experts are ditching single-nutrient fixes in favour of holistic bone care. Combining local nutrition, resistance movement, and early-life habits is redefining how we age gracefully.



When we hear the words "strong bones", most of us immediately think of calcium. There is a problem with this line of thinking. Bone health is much more than calcium. It is a living tissue. Throughout our lives, old bone is continuously broken down, and new tissue is formed. This complex process depends not only on calcium, but also on vitamin D, protein, other micronutrients, physical activity, hormones, body weight and overall nutritional status.

Bangladesh receives abundant sunlight throughout much of the year. Yet, vitamin D deficiency and insufficiency remain surprisingly common. A recent laboratory-based study of adults in Bangladesh found that only 12.2 per cent of participants had sufficient vitamin D; 49.3 per cent were deficient, and another 38.5 per cent were insufficient. Women had a higher prevalence of deficiency than men.

Calcium remains a fundamental nutrient for bone health. However, the question should not simply be, "How much calcium am I taking?" The better question is, "Am I getting enough calcium from an overall balanced diet?"

Milk and yoghurt are familiar calcium sources. But Bangladesh has many other possibilities, such as small fish eaten with their edible bones, appropriate leafy vegetables, and calcium-fortified foods where available, and calcium-containing soy products.

The problem is that dietary calcium intake can be inadequate in some Bangladeshi populations. Research among premenopausal Bangladeshi women has demonstrated low calcium intake and suggested that inadequate intake may compromise bone accretion and increase future osteoporosis risk. This is why calcium supplements should not become a substitute for a nutritious diet.

Bone contains an organic matrix in which collagen and other proteins provide an important structural framework. Adequate protein is particularly important during childhood and adolescence, when peak bone mass is being developed, and later in life when muscle and bone loss become increasingly important.

Along with a nutritious diet. bones need mechanical stimulation. Weight-bearing and resistance exercises stimulate bone and muscle. Regular physical activity also improves strength and balance, which can help reduce the risk of falls.

For a healthy adult, brisk walking, stair climbing, resistance exercises, and appropriate sports can all contribute to a bone-friendly lifestyle.

For older adults, balance and strength exercises become particularly important. However, exercise should be individualised. Someone with osteoporosis, a previous fracture or significant musculoskeletal disease may need professional guidance before starting high-impact activity.

Osteoporosis is often regarded as an "old person's disease." This is misleading. Bone health is built across the life course. Childhood and adolescence are crucial periods for accumulating bone mass. Research among Bangladeshi women has shown that bone mineral density begins declining relatively early in adulthood and declines more rapidly with advancing age. This means that waiting until the age of 50 or 60 to think about bone health is too late. Healthy eating, adequate protein and calcium, appropriate vitamin D status, physical activity and maintaining a healthy body weight should begin much earlier. This is particularly important for girls and young women because inadequate nutrition during the years when peak bone mass is being established can have consequences decades later.

Women experience accelerated bone loss around menopause because the protective effect of estrogen decreases. Bangladesh-specific research highlights the concern. Women with low body weight, poor nutritional intake, limited physical activity, vitamin D deficiency, early menopause or other clinical risk factors may require additional assessment. And osteoporosis is not exclusively a women's disease. Men can also develop osteoporosis, particularly with ageing, chronic illness, nutritional deficiencies and certain medications.

So, what does a bone-friendly Bangladeshi diet look like? It does not have to be complicated or expensive.

Include a calcium source regularly: Milk, yoghurt, small fish with edible bones, suitable leafy vegetables and fortified foods can contribute calcium.

Eat adequate protein every day: Include fish, eggs, dairy, poultry, lean meat, dal, beans, soy, nuts and seeds according to individual needs.

Pay attention to vitamin D: Safe, appropriate sunlight exposure and vitamin-D-containing foods can contribute to maintaining vitamin D status. Individuals with deficiency may require supplementation under medical supervision.

Eat plenty of vegetables and fruits: A varied diet supplies magnesium, vitamin K, potassium and other micronutrients and bioactive compounds involved in overall musculoskeletal health.

Stay physically active: Combine weight-bearing activity with muscle-strengthening and balance exercises where appropriate.

Maintain a healthy body weight: Being underweight is associated with poorer bone health, while obesity can also create musculoskeletal and mobility problems.

Photo: Collected

ELEGANTLY INTELLIGENT



SABRINA N BHUIYAN
is a writer aspiring to elevate your thoughts with intellectually stimulating insights. She can be reached at sabrinanbhuiyan@gmail.com.

Choosing life over broken marriages

As undesirable as it may be, sometimes divorce becomes an inevitability of life. In the pursuit of making marriages work, couples often suffer immensely. And when every effort falls short, love and respect are replaced with anger and resentment; the best course of action is to separate amiably. Women in 2026 are more well-informed, financially responsible, and capable of taking care of themselves in ways their previous generations were not. Hence, more and more women are choosing mental peace over conflict.

Amelia shares her experience beautifully. Hers was a happy marriage by most standards. As professionals, she and her husband built a life together for nearly two decades. She made their house a home by pouring her heart, soul, and finances. And when it fell apart because of infidelity, the consequences were too severe to bear.

"When you've lived with someone for thirteen years, you don't just develop a relationship with that person; you develop habits, routines and an entire ecosystem around the marriage," she shares. "And then when that ceases to exist, the void and the chasm initially seem impossible to grasp and fill," she said.

Amelia, while nursing a broken heart that sent her to hospital twice in the course of her divorce proceedings, picked herself up with boundless courage and determination.



"I threw myself into work and focused on my children because I did not want to wallow in my misery. After all, I had a thriving career, and I am financially stable enough to have my own home and provide for my children. So, I didn't have a lot to complain about, unlike a lot of other women in my position,' she remarks assertively.

It was not easy at first. With her husband no longer in the picture, she realised people around her changed a lot. Renting a house and employing new staff brought a lot of judgment, as our society is still largely patriarchal. Both her parents and good friends stood by her side. The idea of raising her children alone was daunting, but they were supportive of Amelia's decision to break free and helped her every step of the way in that journey.

"Emotionally, they (the children) were devastated as the life they knew no longer existed. Slowly they understood happy, separated couples are better than miserable parents who stay together," she states affirmatively.

To that end, Manzima shares her experience.

She shares with a sense of ease, "I came out of a difficult marriage, so even though this new life comes with its own struggles, it also comes with peace. I now have to manage everything on my own, from the children and finances to making every important decision. It can feel overwhelming, but I no longer live with the same emotional stress and uncertainty. Life is harder in many ways, but it is also calmer, safer and more honest."

"The greatest challenge is knowing that everything rests on me. I have to be emotionally available for my children, take care of their education and everyday needs, manage the household, and think of our financial security," she says with a sense of relief.

And that's the greatest takeaway.

Divorce is not desirable to anyone, but sometimes that's the only way, but it's definitely not the end. Women are stronger than they realise, and are capable of taking on the world. The road may be treacherous, the journey may be difficult, but in pursuit of peace, dignity, and happiness, women have always come out as winners and how!

Photo: Collected

Mental health is important, just not during working hours

MIND THE GAP



NOSHIN NAWAL
Barrister Noshin Nawal is an activist, feminist and a columnist with a knack for sharp, satirical takes on social and societal issues. She can be reached at nawalnoshin1@gmail.com.

At nine on Saturday morning, Dhaka was already having a collective nervous breakdown. A car horn had been blaring outside Runi's Dhanmondi apartment for eleven consecutive minutes. The neighbouring building was being demolished, or constructed, or possibly both. A vegetable seller was shouting the price of potatoes with the urgency of a man announcing the end of civilisation. Inside, Farzana Aunty was watching the news over her third cup of tea. "The Prime Minister has announced plans to expand mental healthcare to the upazilas!" she declared. Runi looked up from her phone. "That's wonderful. Mental healthcare should be accessible to everyone."

"Apparently, doctors will be trained, referrals arranged, even counselling through technology. Very modern!" Shirin Bua entered carrying toast and eggs. "What is mental healthcare, Apa?" she asked. "It's when you talk to someone about your worries, stress, sadness, things like that," Runi explained. Shirin considered this. "Then I think I need it." Aunty Farzana nearly dropped her toast. "You? Why? What happened?"

"Nothing, Apa. My husband hasn't found regular work. My son's school fees are due. My mother is sick. Sometimes, I cannot sleep because I keep thinking." Aunty Farzana waved her hand. "That's not mental illness. That's life! Everyone has problems." This was particularly interesting coming from a woman who had once required a week of emotional recovery after her favourite tailor misplaced a blouse. Runi intervened. "Aunty, that's exactly the stigma we're supposed to overcome."

"Of course, of course. Mental health is very important. But Shirin should stop worrying so much." A revolutionary medical breakthrough! Apparently, nobody had previously considered simply not worrying. Shirin smiled politely, and returned to the kitchen. Runi continued reading



the announcement. The government wanted mental healthcare to reach rural communities through primary healthcare facilities, trained professionals, and referral services. She approved wholeheartedly. She had recently spent Tk 8,000 on a wellness workshop in Gulshan where a woman in beige linen had explained that inner peace began with setting boundaries. The workshop included complimentary matcha. Half an hour later, Shirin appeared again. "Apa, if they start these services in our upazila, could I see a doctor when I go home?"

"Of course!" Runi said enthusiastically. Shirin hesitated before asking, "Then could I take Thursday off?" Runi froze. "Thursday? But I have guests coming for dinner."

"I can finish the cooking before I leave," Shirin offered. "And the cleaning?" Runi asked. "Yes, Apa."

"And the ironing?" Shirin lowered her eyes. "Perhaps I could do that on Friday." Runi sighed. "Shirin, you really need to manage your time better." From the sofa, Aunty Farzana nodded approvingly.

"Exactly. These days, everyone wants special treatment." Outside, a rickshaw puller argued over Tk 20, while an expensive SUV blocked the road. Somewhere in the city, another woman was probably paying a therapist to help her say no without feeling guilty. Shirin, meanwhile, was struggling to say yes to herself. After a moment's hesitation, she admitted, "Actually, Apa, I don't know if I can go anyway. If people in my village see me asking for mental treatment, they'll think I've gone mad."

"That's ridiculous," Runi replied, dismissing the concern almost instinctively. Shirin nodded politely. "Yes, Apa. But people talk." The remark stayed with Runi. She thought about the building WhatsApp group, where a woman visiting a psychiatrist had once been discussed with the enthusiasm usually reserved for a celebrity divorce. For all her progressive views, Runi had never challenged the conversation. Now, confronted with Shirin's hesitation, she found herself with nothing to say.

By lunchtime, Aunty Farzana had forwarded the Prime Minister's announcement to seventeen family groups, adding a message of her own: *Mental health matters. We must all be compassionate.* Runi glanced towards the kitchen, where Shirin was washing dishes with her sleeves rolled up, her phone tucked beside the sink in case her mother called.Feeling a twinge of discomfort, Runi walked over and told her, "Take Thursday off, Shirin. Your pay won't be affected. And if the service isn't available yet, we'll find out what help you can access."Shirin looked at her in surprise before quietly thanking her.It was a small gesture, Runi knew. One afternoon off could not repair years of financial insecurity, sleepless nights, or a healthcare system still trying to reach those who needed it.

But perhaps mental healthcare was not only about building services closer to people's homes. It was also about making sure they could afford the journey, take the time and seek help without shame. That evening, Aunty Farzana called from the drawing room, sounding genuinely alarmed. "Runi! If Shirin takes Thursday off, who will make my tea?" Runi turned towards her aunt. "Aunty, perhaps you could practise some independence."

Aunty Farzana gasped, visibly offended. "Are you suggesting I make my own tea? Do you know how much stress I'm under?" And just like that, the household discovered its first mental health emergency. Unfortunately, it was not the one that needed a doctor.

Photo: AI-generated

#RELATIONSHIPS

One cancer diagnosis, many households, the same tales of struggle

When a severe diagnosis enters a home, the illness rarely stays confined to one bed. For family members thrust into caregiving overnight, the emotional and mental weight rewrites daily life entirely

There are countless accounts of cancer survivors detailing their ordeals. What is far harder to find are the accounts of the people who fought alongside them: the loving husband who learned to cook for a wife who could not keep food down, the teenage daughter who quietly set aside her exam preparation, the brother who took the night shift at the bedside. Their struggles are no less than the patient's. They are simply less visible.

In Dhaka, that invisibility has a particular texture. When someone falls ill, the household does not divide the work so much as absorb it. The daily routine of the whole house bends around one room, and that closeness is both the greatest comfort and the heaviest load.

THE FIRST PRICE IS FINANCIAL

Mizanur Rahman, 41, lives in Mohammadpur. He ran a small pharmacy on the ground floor of their building. When he was diagnosed with prostate cancer, his wife, Rehana Rahman, took over the accounts.

"The first month, I thought we could manage with savings," she says. "By the third month, I was selling my gold bangles to pay the hospital deposit. By the sixth, we had sold the car, and my brother-in-law had sold his share of our plot in Savar so we could continue."



The plot was not a luxury. It was the family's safety net, and it is gone.

WHEN THE ROUTINE CHANGES

Mornings that once began with one parent leaving for work now begin with a whole new routine: who takes the patient to the oncology clinic, who queues at the diagnostic centre, and who stays overnight.

Evan Nazrul, 38, describes the time when his mother was being treated as a 'devastating blur,' saying, "Making breakfast for yourself and your parents, then leaving for work, dropping off the extra breakfast at the hospital for my father, doing your 9-5, which usually always stretches to something like 6 or 7, heading to the hospital, and then just sitting there, waiting for any change, any chance to speak to the doctor, any chance to see her, until it's past 12 AM, and you head home.

"You simply can't do anything other than just pass out. And the same routine follows the next day. There may be off days at work, but not for this."This intense change in daily lifestyle comes with unspeakable stress. Some turn to religion to cope. Others seek social support. Some even seek some form of solace in harmful habits.

Photo: Collected

For many families, the person most visibly under strain is the husband, assuming he is not the patient himself.

Rafiq, 42, runs a consultancy firm in Mirpur. When his wife Nasrin was diagnosed with cancer, he became the person who knew where every prescription was kept, what time school ended, and how much cash was left in the drawer.

"People think the hard part is the hospital," he says. "The hard part is coming home. Nasrin is trying to be brave for the children, and I am trying to be brave for her. Then the children look at me to see if the house is still safe. I cannot show them I am scared, so I go to the balcony and be scared there."

For the children, the diagnosis brings a different kind of uncertainty.

Suraiya, now 17, was 13 when her mother began treatment. Nobody sat her down to explain what was happening. She pieced it together from overheard phone calls and the way the adults lowered their voices.

"What I wanted was a clear sentence," she says. "Nobody gave me one, so my head filled the gaps with the worst possibilities. I stopped asking, because I could see it made my father sad when I did."

Children in these situations often take on responsibilities beyond their age: managing their younger siblings, doing chores that were once never their concern, and a quiet pressure to stop being a problem. Many families do not talk openly about the possibility of death, which leaves children carrying that thought alone, which, in itself, gives rise to future mental health concerns.

SURVIVAL IS NOT THE END OF THE STORY

Even when treatment succeeds, the family's story does not end at the discharge summary. Several families described new complications arriving years later, sometimes as side effects of the treatment itself. Some survivors go on to live full lives. Others face further illness, and some, unfortunately, do not even survive. For the family, each follow-up appointment can carry the old fear back into the house.

When a patient does pass away, the family is left with insurmountable grief, debt, and rearranged roles, often all at once. The household that spent every resource fighting for one person must decide how to recover, and that recovery is slow, rarely planned for by the health system, and rarely discussed in public.

A cancer diagnosis does not stay with one body. It moves through the household and settles on whoever is closest: the husband managing fear at the kitchen table, the child who learns the truth from a closed-door discussion, the parent whose savings and future are paused, and the relatives who sell land or move in to help.

Rehana Rahman puts the lesson plainly. "Cancer does not only come to the patient's bed," she says. "It comes to the kitchen, the school, the bank, and the bedroom. When you are the family, you do not get to leave the room. You just learn to stay."

Any serious conversation about cancer care needs to count the people sitting beside the bed, because their endurance is doing work that the system has not yet found a way to count for.

By Intisab Shahriyar

HOROSCOPE



ARIES
(MAR. 21-APR. 20)

Have honest conversations. Avoid idealising relationships. Unexpected changes could strengthen partnerships. Your lucky day this week will be Friday.



TAURUS
(APR. 21-MAY 21)

Balance daily routines. Address neglected responsibilities. Unexpected workplace changes could improve your wellbeing. Your lucky day this week will be Tuesday.



GEMINI
(MAY 22-JUN. 21)

Enjoy romantic opportunities. Question unrealistic expectations. A creative breakthrough could inspire exciting changes. Your lucky day this week will be Thursday.



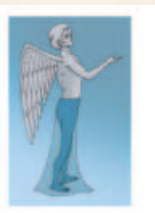
CANCER
(JUN. 22-JUL. 22)

Set boundaries with family. Communicate your needs clearly. Small household changes could bring greater comfort and freedom. Your lucky day this week will be Monday.



LEO
(JUL. 23-AUG. 22)

Speak honestly. Avoid people-pleasing. An unexpected message could resolve lingering tension. Your lucky day this week will be Sunday.



VIRGO
(AUG. 23-SEP. 23)

Review your finances. Assess purchases carefully. Unexpected changes could reveal better ways to manage resources. Your lucky day this week will be Wednesday.



LIBRA
(SEP. 24-OCT. 23)

Trust your instincts. Avoid losing yourself in people-pleasing. Honest conversations could strengthen relationships and reshape others' perceptions. Your lucky day this week will be Friday.



SCORPIO
(OCT. 24-NOV. 21)

Make time for quiet reflection. Examine recurring relationship patterns. Unexpected insights could improve your self-worth and emotional wellbeing. Your lucky day this week will be Tuesday.



SAGITTARIUS
(NOV. 22-DEC. 21)

Evaluate your friendships. Address uncomfortable truths. Honest conversations could strengthen bonds with people who genuinely support you. Your lucky day this week will be Thursday.



CAPRICORN
(DEC. 22-JAN. 20)

Review career opportunities carefully. Verify promises before committing. An unexpected conversation could open a promising professional door. Your lucky day this week will be Saturday.



AQUARIUS
(JAN. 21-FEB. 19)

Research purchases thoroughly. Question extravagant promises. Reliable people and practical ideas could help you make better long-term decisions. Your lucky day this week will be Sunday.



PISCES
(FEB. 20-MAR. 20)

Review shared finances carefully. Address concerns about intimacy. An honest conversation could improve trust and clarify boundaries. Your lucky day this week will be Monday.



Star LIFE Style

VOLUME 26, ISSUE 21, TUESDAY, OCTOBER 20, 2026, *KARTIK 4, 1433 BS*
A publication of The Daily Star
E-mail: lifestyleds@yahoo.com, 64-65 Kazi Nazrul Islam Avenue, Dhaka-1215



#PERSPECTIVE

Why do we worship Durga but still judge women?

Every autumn, we dress the streets in lights, put on new clothes, stand before elaborately decorated idols and celebrate a woman who is powerful, fearless and almost impossible to defeat. We call her Durga.

She is worshipped as the embodiment of Shakti, the divine feminine power. She rides a lion, carries weapons, defeats demons and stands at the centre of one of the most important festivals of our culture. And then, after the puja lights go out, we return to our ordinary lives.

There is something almost poetic about the contradiction. We have no problem with a woman holding ten weapons in her ten hands, but a woman holding a leadership position can still make people uncomfortable.

The different forms of Durga represent different dimensions of feminine strength. The forms offer a remarkably broad understanding of womanhood. She can be nurturing and fierce. Intellectual and emotional. Powerful and compassionate. A protector, provider, creator, leader, or fighter.

Yet, society often wants women to choose only one acceptable version. It seems we are comfortable with the goddess having multiple identities. We just struggle when an actual woman does.

Consider women in sports, the military, policing, firefighting, construction or other physically demanding professions. A woman serving in a physically demanding job is often expected to prove herself twice: first through her performance and then through her femininity. The question is not always, "Can she do the job?" Sometimes it becomes, "But does she still look feminine?"

Interestingly, nobody asks Durga whether defeating a demon will ruin her manicure! We admire physical strength when it is represented through mythology, but can become strangely uncomfortable when a real woman develops that strength herself.

The same contradiction appears in leadership. A decisive man is often described as confident. A decisive woman can be called arrogant. A man who speaks firmly is "assertive"; a woman who does the same may be "difficult." The vocabulary changes, but the judgement remains.

There is a particular cultural irony here. Bengali society has long celebrated educated women, working women, and accomplished women. We proudly talk about daughters becoming doctors, engineers, journalists, athletes, entrepreneurs, and civil servants. That celebration, however, sometimes comes with invisible terms and conditions. Progress, yes. But not too much. Success, yes. But remember your responsibilities at home.

It is almost as if society has created an unofficial women's handbook titled: "You May Succeed, Provided Nobody Feels Threatened by Your Success."

And this is not uniquely a Hindu issue, or a Muslim issue, or a Christian issue. Misogyny does not usually check someone's religious identity before entering the room. Women across communities experience different versions of the same social policing: how they dress, whom they marry, how late they stay outside, whether they have children, whether they work after marriage, how they speak and how much authority they are allowed to exercise.

Perhaps nowhere is the contradiction more painful than in the conversation about women's safety. Women are repeatedly told to be careful. Do not come home late. Do not wear that. All of this may be practical advice in an unsafe environment. But when safety becomes a woman's responsibility primarily, society quietly moves the burden from the person causing harm to the person trying to avoid it.

Durga, meanwhile, is celebrated precisely because she confronts danger rather than being instructed to organise her life around avoiding it. Her weapons are not symbols of helplessness. They represent power, protection, courage and the ability to confront injustice. Perhaps that symbolism deserves more attention.

At the end of the day, the uncomfortable question is: What do we actually worship when we worship Durga? Do we admire female power only when it is divine, distant and safely contained within mythology? Or can we recognise that same strength in the woman sitting across from us at work?

If Durga represents Shakti, perhaps Shakti should not become acceptable only when accompanied by incense, drums and an idol. Maybe the real test of our respect for feminine power is not how enthusiastically we celebrate a goddess for five days. It is how we treat women for the entire year. Because it is easy to worship a woman when she is a goddess. The harder thing is to respect her when she is simply a woman. And perhaps that is the demon worth defeating.

By Farhana Faiza
Photo: Collected/ Unsplash