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Mother of Maladies: An Ethnographic and Netnographic Analysis of Pandemic Goddesses in South Asian Culture

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### Author

Muthukumar, Aarthi

### Publication Date

2023-04-01

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Mother of Maladies:  
An Ethnographic and Netnographic Analysis of Pandemic  
Goddesses in South Asian Culture

Aarthi Muthukumar  
Department of Anthropology  
University of California, Berkeley

Anthropology 196, Spring 2023  
Advisor: Dr. Jing Ge

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## Abstract

The British colonial project played a pivotal role in the modulation of pandemic goddesses in colonial and post-colonial India. The studies presented in this research paper trace the history of disease goddesses, and how their genesis and development shaped the social construction of public health before, during, and after the colonial era. The goddesses studied are *Śītalā Devī* (Goddess of Smallpox), *Ola Devī* (Goddess of Cholera), and *Corona Devī* (Goddess of COVID-19). This research paper examines the histories of smallpox and cholera and explores the reception of Corona Devī on Twitter through content analysis. Pandemic goddesses still play a role in the lives of some South Asian communities, and understanding the cultural implications of this will give insight into how traditional forms of comprehending disease are balanced with the biomedical methods of treating illness.

## 1 Introduction

The question I'm trying to answer is: how has the South Asian perspective on pandemic medicine transformed itself over time? Specifically, how has South Asia balanced worshiping disease deities amidst the onslaught of Western medicine? This clash has presented itself over three distinct histories; separately vastly by time, but connected by the threads of culture. The three case studies that I have explored here are three out of the many *Mothers of Maladies*—goddesses of disease that take a seat at the altars of fearful human beings. These three goddesses transform themselves as their respective pandemic sees fit; they fit into the lives of their worshippers. The three Mothers in this paper are: *Śītalā Devī*, the Goddess of Smallpox; *Ola Devī*, the Goddess of Cholera; and *Corona Devī*, the Goddess of Coronavirus.

This project begins with a historical recounting of the pre-colonial South Asian smallpox epidemics, the cholera epidemic of 1871, and lastly, the COVID-19 pandemic of 2020. I outline the deities that are associated with each of these pandemics and characterize their ideological births and presence within religious society. The histories of smallpox and cholera are drawn from various pieces of literature and texts, while the COVID-19 pandemic histories have been carefully collected by me, through the work of digital anthropology (also known as netnography). I have chosen Twitter as the space of my netnographic fieldwork, as the social media platform has been a keystone in pandemic surveillance (Lakamana et al. 2022).

Humans have always been perplexed with the state of knowing. This is especially true with the COVID-19 epidemic, where we see two streams of thought leaving India. On one hand, there is the biomedical approach. This is the globally accepted response, with interventional strategies such as quarantining, vaccinations, and social distancing. It is the scientifically acceptable form of knowing the disease. And then there is the other way of knowing, through conceptions of the disease as supernaturally and spiritually laden. It involves invoking the divine; to ask for a blessing from supernatural forces that may save us from the scourges of the disease. The duality between religion and science exists using a “warfare model”, which gives rise to a “controversial relationship between religion and pandemics” (S 2021). The fear and panic that is associated with pandemics often leads people to “give rise to beliefs of the supernatural forces, whether divine, malevolent, or ancestral” (S 2021). The COVID-19 pandemic has introduced to us a historically unprecedented pandemic, but it has also followed traditional routes of knowing in the minds of humans. In India, COVID-19 marks the first global-scale post-colonial pandemic that has ravaged the country.

Medicine and medical practice as we know it has undergone various associations and transitions throughout the course of human history. Peter Conrad’s concept of medicalization is useful in understanding the transition between spiritual medicine and scientific medicine. Here, the progression is from spiritual medicine— that is entrenched in divine ritual and practice— to scientific medicine that is rooted in method and reasoning (Conrad 2007). Prior to the transition to scientific medicine, spiritual and

religious practices were often used to address illness and disease. These practices were deeply rooted in cultural and social traditions and were often intertwined with political and economic power structures. With the emergence of scientific tradition, we see the displacement of many traditional spiritual practices, and a distancing of medical practice towards new forms of knowledge and treatment. The medicalization of infectious disease isolates the social nature of the illness, disregarding any other anthropological phenomena that may be associated with the diseases. Illness creates both social and biomedical phenomena. Both are required to provide a holistic understanding of the disease. The creation of scientific medicine was in part a response to the changing socioeconomic conditions of human history: industrialization and urbanization.

Rather than analyzing the COVID-19 pandemic through simply a biomedical approach, I postulate an alternative method of knowing this disease— one that is influenced heavily by the concepts of social constructionism. Illness and disease are both social phenomena as much as they are biomedical phenomena. Disease and health are not objective or fixed entities, but rather are created and maintained through the social processes of interpretation and interaction. This means that pathogens are not simply biological phenomena but are shaped by sociocultural factors in their transmission. Our understanding of health and illness is constantly evolving and changing as society itself changes. In this paper, I sort through the histories of smallpox, cholera, and coronavirus— three pandemics that straddle the vastness of global human history -and are therefore inherently linked to the sociocultural phenomena of their respective time



periods and places. I have also come to notice that these pathogens transform themselves and are intimately transformed by their locale. For example, smallpox has been eradicated on Earth, which may lead someone to believe that the goddesses associated with the illness should have ceased to exist. Rather than bringing about the death of the deities, we see a transformation of the role the goddesses play in the lives of modern-day humans.

The colonial state often viewed indigenous populations as primitive and uncivilized, and sought to impose European norms and values upon them. This involved the medicalization of behaviors and practices deemed abnormal, such as traditional healing practices. Other aspects of medicalization came in the form of economic exploitation of the British Indian colony. The colonial project viewed India as a potential source of valuable natural resources that existed to be exploited. This often came at the great cost to the health and wellbeing of the indigenous populations. Many farmers in India were forced to grow “cash crops”— thereby being “forcibly incorporated into the global economy” (Mukerjee 2013). The widespread hunger that resulted in this lack of food coincided with a failure of summer monsoons— which caused one of the worst famines in Indian history. The Bengal Famine of 1900 caused the death of 2-3 million people, and various parts of India were constantly in a state of famine for the latter half of the nineteenth century. On top of this, pandemics such as cholera ripped through the Bengali countryside. Epidemics by themselves are incredibly fatal, but “this mortality doubled or trebled when cholera coincided with famine” (Arnold 1993).

Madras and Bombay saw the highest recorded levels of cholera mortality during times of these famines in the later nineteenth century. This shows a multitude of aspects when it comes to the social effect of such pandemics. In a time of widespread famine, failing monsoon seasons, and endemic cholera and smallpox, the indigenous population turned to religion—specifically *Devīs* (Mothers)—to solve their problems. The very existence of pandemic goddesses reflects how intertwined disease and culture were, and still are. Understanding pandemic goddesses, their genesis, and their effects on indigenous society shows how these populations sought to comprehend illnesses that were intangible, apart from disease symptoms.

This project looks to research the history of past pandemic goddesses, and how the social acceptance of older pandemic goddesses—like *Śītalā Devī* and *Ola Devī*—differs from the youngest member of the Mothers, *Corona Devī* (Goddess of COVID-19).

## 2 *Śītalā Devī*: The Goddess of Smallpox

### 2.1 Smallpox, Vaccination, and Colonialism

The smallpox epidemic in India was prevalent throughout the colonial period and accounted for almost one hundred thousand fatalities per year in the late nineteenth century (Riedel 2005). David Arnold (1993) writes that it was known as the “scourge of India”, and it was cited as one of the most destructive pandemics of nineteenth-century India. In Europe, a similar moniker existed, being known as the “speckled monster” (Riedel 2005). In either case, the uniqueness of smallpox lies in the fact that it was the first disease for which a vaccine was created.

Before the existence of vaccination, however, the primary method in which smallpox was fended off was through inoculation, with the terms inoculation and variolation used interchangeably. Inoculation referred to the subcutaneous instilling of smallpox virus into the bodies of those who were not immune. Meaning, those who had not previously survived smallpox were protected through the processes of inoculation. Variolation had been practiced in India, China, and Africa well before any colonial presence, and was the primary method of keeping the body safe from a variety of viruses (Gross and Sepkowitz 1998). In 1796, Edward Jenner was the first to develop the concept of vaccination, through the inoculation of cowpox as an attempt to prevent illness against smallpox. Cowpox was much milder and safer than smallpox, which was the reason for its use. In this type of immunization, those that had immunity through

cowpox were subsequently able to resist any cases of smallpox. By the English Parliament's Vaccination Act of 1840, Jenner's method of vaccination was considered the standard of care, with variolation becoming prohibited (Wolfe and Sharp 2002). Subsequent amendments to the Vaccination Acts made vaccination a requirement for more age groups.

The British brought the concept of vaccination to India, as a part of the colonial project. The first smallpox vaccine was brought to India in 1802 (Lahariya 2014). Records show that indigenous people were quite resistant to the concepts of vaccination, preferring instead the method of variolation that they had been used to. Indigenous people did not want or like smallpox vaccinations possibly because "it was a secular intervention, which stripped the disease of its religious significance" (Streefland 2001). This brings into question the role of religious beliefs in indigenous medical tradition and the medicalization of the indigenous cultural practices by the colonial state. An 1869 report from the Inspector-General of the Indian Medical Department, a Dr. W. Mackenzie, states that

"Great difficulties were experienced in inducing the people to get vaccinated.

I am unable to describe the opposition met with...All my efforts and persuasions to shake their superstitious resolution were useless...Most of the ignorant people believe that small-pox is a visitation of one of the Deities, and as their Goo-roos or Pundits encourage these superstitions, they object to vaccination from fear of incurring the displeasure of the Deity, lest it

should bring on the disease in all its virulence and malignity” (Mackenzie 1869)

The relevance of smallpox lies in the fact that it is one of the longest standing diseases with which a specific Hindu deity has been associated. Her name, *Śītalā Devī*, has been associated with being the harbinger of the disease, as well as the disease itself. Over time, with the eradication of smallpox, she has not disappeared into the pages of history books. Rather, her being has transformed, and she has taken upon herself other diseases, such as the HIV-AIDS pandemic (Ferrari 2015). The history of the goddess provides insight into the colonial state’s handling of smallpox, and how the indigenous people shaped her being in response to new concepts and standards of medicine.

In contrast, the etiology of other epidemic diseases, like cholera was still largely unknown. There were many debates on the cause of transmission for cholera, as well as how to treat it once it was contracted. Smallpox, cholera, and coronavirus were all socially and culturally constructed, but only smallpox can show a clear moment in which the colonial state and the indigenous population struggled between two vastly different methods of knowing and understanding the disease.

## 2.2 A History of Śītalā Devī

*Śītalā Devī*, or simply *Śītalā*, is a pre-Aryan goddess of smallpox. She is primarily worshiped by tribals of Bengal, Assam, Bihar and Orissa (Ghatak 2014). In parts of South India, she has been worshiped by other names, such as *Jyeṣṭhā* (literally “*The Elder One*”, Goddess of Misfortune) or *Mariyamman*, a folk goddess associated with rain and curing diseases (Leslie 1992). In Clough’s ethnography of the Ongole people of Andhra Pradesh, Śītalā is known as *Jugah Pennu*, or the one who “sows smallpox upon mankind as men sow seed upon the earth” (Clough 1899). *Mariyamman* is predominantly worshiped by populations in Tamil Nadu and the Deccan during late summer and early autumn, with the primary goal of worship being to bring bountiful rain and ward off diseases such as cholera and smallpox. Her largest festival, held during late summer, is known as the *Ādi Thiruvīḷa* (Festival of the Month of Ādi). *Jyeṣṭhā*, on the other hand, is not as frequently worshiped in the modern era, which may be due to her associations with sorrow, bad luck, and sinners (Leslie 1992).

Popular folklore depicts Śītalā as part of the cohort of Seven Sisters, who are female goddesses that are associated with individual diseases. While Śītalā is associated with smallpox, her six other sisters are as follows:

1. *Kalka Mātā/Masani Mātā* (goddess of the cremation ground)
2. *Khamera Mātā* (goddess of measles)
3. *Khasra Mātā* (goddess of skin infections)

4. *Marsal Mātā* (goddess of mumps)
5. *Phul Ki Mātā* (goddess of boils)
6. *Kanta Mātā / Moti Mātā* (goddess of typhoid)

It is interesting to note that all these goddesses have the suffix “*Mātā*”, which means “Mother”. *Śītalā* is no different, and often has titles that display the deference of the worshipper to the goddess. *Śītalā*’s other epithets include *Śītalā Mātā* (The “Mother”), *Roga Rājā* (“The Queen of Disease”), *Vyadhi Patī* (“Lady of Pestilence”), or *Basenta Raya* (“Mother of Poxes”). Her name *Śītalā* translates to “The Cool One”, possibly because smallpox is accompanied by a harsh fever, and the epithet acts to counteract this (Stewart 1995). However, this epithet could also derive from her birth from the cooled ashes of a sacrificial fire, which are described by some of her mythologies of genesis. *Śītalā* is associated with stale bread or leftover food, due to this association with cooled ashes (Freed and Freed 1998). *Sili Sat* (Cold Seventh), is a North Indian festival that is dedicated to *Śītalā*. Also known as *Basora* (stale bread festival) or *Shitala ki Saptami* (*Śītalā*’s Seventh), it is a women’s festival, observed by married women for the welfare of their children (Freed and Freed 1997). It occurs one week after Holi, which marks the end of the cool weather, and the beginning of the season when historically, smallpox is most prevalent.

In Hindi Speaking North India, she combines the attributes of smallpox goddess and *Ṣaṣṭhī* (Sanskrit: षष्ठी, “The Sixth One”), a Bengali goddess that protects children

(Ghatak 2014). In Gujarat, she loses her connection to smallpox, and becomes the source of good fortune, good husbands, and sons (Wadley 1980). As a mother, she can be characterized in two forms: nurturing or filled with anger. As a mother, she can be expected to be nurturing, but she is also prone to anger and easy to offend. The latter characteristic is one she shares with other *Devī* goddesses such as *Manasā* (Goddess of Snakes) (Sarbadhikary 2019), and more “well-known” goddesses such as *Kalī* (Goddess of Ultimate Power in Shaktism).

Mythologically, Śītalā Devī takes on various forms. In some ethnographies of Northern India, she is a deity of classical derivation, and is the wife of *Kārttikeya* (God of War, son of *Shivā*). In other derivations, she is a folk goddess who causes smallpox epidemics with her chief lieutenant *Jvarā* (or *Jvarāsura*) the triple-headed Fever Demon (see **Figure 1**) (Stewart 1995).





Figure 1: Jvarāsura the Fever Demon, at the Śītalā Mandir in Kolkata

(Ferrari 2015)

In the temple at Gurugram (formerly Gurgaon), located in the state of Haryana, *Śītalā Devī* is worshiped as the wife of Dronacharya, the royal teacher of the Pandavas and Kauravas in the Hindu epic *The Mahabharata*. Gurugram, which literally means, “The Teacher’s Village”, is said to be the home of Dronacharya and his wife Kripi. In this version of the myth, Kripi is a form of *Śītalā Devī*. As the wife of Dronacharya, Kripi was tasked with caring for the royal Pandavas and Kauravas during their time at Gurugram, which is why she is worshipped as *Śītalā Devī*, as the caretaker of children. There is an association to be made here between *Śītalā Devī* and children, as smallpox would primarily affect children in every epidemic that spread across India. By venerating a goddess as a “maternal figure”, devotees evoke her presence in a way that

resembles a child seeking solace from their mother during times of anger or distress. At this temple, pilgrims gather every March, at the start of the smallpox season to receive blessings from the goddess to protect their children from smallpox (Arnold 122). In current culture, the *Śītalā Devī* shrine at Gurugram functions as a less disease-associated form of the goddess. People visit the temple during the Navratri and Diwali seasons, and the goddess is accredited to fulfilling all the desires of one who is faithful in worshipping her (“Sheetla Mata Mandir Gurugram, Mata Sheetla Devī Temple Gurugram” n.d.). Although she is still credited to remove any ailments—disease-based or otherwise— there is a special significance of worship by newlywed couples and for newborn babies. *Śītalā Devī* promises a life filled without any hardships or physical ailments, which reflects her transition from a hungry, ravaging disease goddess, to a platonic Mother goddess that gives life. In a sense, *Śītalā Devī* seems to have transitioned from the playfulness of her days as a smallpox goddess, to the more complacent motherly form that she takes on in modern culture.

*Śītalā Devī* is briefly mentioned in the *Skanda Purana*, a Hindu religious text that spans 81,000 verses and is attributed to the legendary Hindu sage, Vyāsa. Interestingly, Vyāsa is also credited with writing the *Mahabharata*, the Hindu literary epic that contains the stories of Drona, Kripa, Kauravas and Pandavas from earlier. Found in the fifth book of the *Skanda Purana*, *Śītalā* is described as the bringer of the smallpox cure:

तस्मिंस्तीर्थे नरः स्नात्वा गोशतस्य फलं लभेत् ।

विस्फोटानां प्रशांत्यर्थं बालानां चैव कारणे ॥ २ ॥

मापेन मापितान्कृत्वा मसूरांस्तत्र कुट्टयेत् ।

शीतलायाः प्रभावेन बालाः संतु निरामयाः ॥ ३ ॥

ये पश्यन्ति नरा भक्त्या शीतलां दुरितापहाम् ।

न तेषां दुष्कृतं किञ्चिन्न दारिद्र्यं द्विजोत्तम ॥ ४ ॥

न च रोगभयं तेषां ग्रहपीडा तथैव च ॥ ५ ॥

IAST Romanization:

tasmimṣtīrthe naraḥ snātvā gośatasya phalaṃ labhet |

visphoṭānāṃ praśāṃtyarthaṃ bālānāṃ caiva kāraṇe || 2 ||

māpena māpitāṅkr̥tvā masūrāṃstatra kuṭṭayet |

śītalāyāḥ prabhāvena bālāḥ saṃtu nirāmayāḥ || 3 ||

ye paśyaṃti narā bhaktyā śītalāṃ duritāpahām |

na teṣāṃ duṣkṛtaṃ kiṃcinna dāridryaṃ dviyottama || 4 ||

na ca rogabhayaṃ teṣāṃ grahapīḍā tathaiva ca || 5 ||

Translation:

Verse 2-3. By taking the holy bath in that Tīrtha a man shall acquire the benefit (of the gift) of a hundred cows. For the sake of quelling boils and

blisters (of smallpox) and for the sake of the children, a devotee takes Masūra lentils by measures and grinds them. Due to the power of Śītalā, children become free from the disease.

Verse 4-5. O excellent Brāhmaṇa, neither sin nor poverty afflicts those men who devoutly visit Śītalā, the destroyer of sins. Nor need they fear ailments or the affliction of malignant Planets. (Vyasa n.d.)

Edward Dimock, a South Asian studies emeritus professor at University of Chicago, takes an epithet of Śītalā– *Karuṇāmayī* (“The One who is Full of Grace”)– to describe her spread through communities. It is said that in her “*lālā* she sweeps through villages and cities, like fire leaving one house unscathed to destroy the next, searing with her fevers good people and bad without distinction” (Dimock 1976). Here, *lālā* refers to the act of “divine play”, which is the usual interpretation of the word. Dimock goes for a further analysis of *lālā* to mean “grace” or “charisma”, by the Prakrit etymology of “*lāḥā*”. If this is accepted, then Śītalā's *lālā* refers to her grace and charisma.

“As she is latent, whether people are healthy or an epidemic is raging, the degree of her charisma is the same; her grace is there. This is quite a different attitude, it seems, from the one frequently encountered Judaeo-Christian thought, in which humanity is visited by disaster as retribution, as in the case of the plague on Egypt.” (Dimock 1976)

The latency of *Śītalā* is quite important in the understanding of smallpox itself— she is both the bringer of smallpox, and smallpox itself. She lives latently within human society, unnoticed, without gracing humankind with her *līlā*. She makes humankind aware of her presence through epidemics; the epidemic itself is her *līlā*. Therefore, chronological human history simply becomes the presence and absence of *Śītalā's līlā*; *Śītalā's* essence is one with time. In this interpretation of *Śītalā*, we see the goddess as the bestower of smallpox, rather than the disease being itself. Smallpox is her plaything; it is the result of her toying with humankind. According to Dimock's analysis, rather than an act of punishment, succumbing to smallpox is more reflective of human nature and fragility. The fragile nature of the human condition can be seen reflected in the mangal poems that are dedicated to *Śītalā*. *Maṅgal* poems are a genre of devotional poetry that are traditionally composed in praise of a specific deity or sacred place. These poems are often recited or sung as part of religious ceremonies or other auspicious occasions and typically contain verses that describe the virtues of the deity being honored, as well as references to their mythology. In some traditions, *maṅgal* poems are believed to have a protective or auspicious effect on the individual or community reciting them and are considered a form of devotional practice. The *Śītalā-maṅgal*— the song of *Śītalā*— tells us about her origin and reminds us of her eternal presence. By constructing *maṅgal* poetry, one becomes the voice of the goddess herself. By narrating the history and symbolism of the goddess, *maṅgal* poetry becomes a manifestation of her

blessings. The poems allow us, humans, to learn where we stand in the cosmic order; and makes clear the line between human and divine. As Dimock (1976) puts it:

“By hearing of suffering [in the poems], by realizing the extent of human frailty, one with the eyes to see may be spared the necessity of more particular pain. Śītalā allows us cognition of our position in the universe, and recognition of herself as Mother.”

In this way, the *līlā* of Śītalā Devī is a reminder to humans of their fragility in this fleeting lifetime. Humans die, but disease and epidemics are an innate part of nature and the cosmic order. Disease and health are both part of Śītalā; unlike the differentiations that humans make between antonyms, such a distinction is not made by Śītalā when it comes to disease and health. She both inflicts smallpox *and* provides good health. In this respect, we see an understanding of smallpox as a disease of being graced by the goddess. Although you do not want to invite smallpox into your home, if it should arrive, you treat the smallpox goddess with hospitality and kindness. There is no “removing” of smallpox; the understanding of the goddess is that she lives latently within households. Rather than offering a “cure”, Śītalā is appeased by offerings.

### 2.3 Śītalā Devī as a Muslim Folk Goddess.

It seems that disease sees neither religious affiliation nor nationality. Although *Śītalā Devī* is considered of the Hindu pantheon, poetry written in her honor can be found in Muslim communities as well.

O Allah, *jauria* is cooked at my parents' house.

O Allah, its fragrance reaches at my in-laws home.

O Allah, how can I go to my parents' house?

O Allah, I will pick up a cow-dung cake,

O Allah, I will go there to ask for the fire.

O Allah, upon my arrival, the sister-in-law gives me fire from her hearth.

O Allah, the sister-in-law teases me.

O Allah, upon hearing this much the seven sisters go swiftly

on the road.

O Allah, Bhairaw brother mounts a horse

O Allah, I find sister Śītalā Devī angry with me,

O Allah, the sister Śītalā Devī should return home. (Upadhyaya 1967)

This poem, located in the *Śītalā kā gīta*, makes reference to a marriage between the *Śītalā Devī* and Allah, as well as *Śītalā Devī's* seven sisters. There exists a shrine to *Śītalā Devī* in Northern India, at Kankhal near Haridwar (See **Figure 2**)— except at this shrine, she is known as *Turkin* or “the Muhammadan lady” (Crooke 1978). At this

shrine, she is known as a princess born to a Mughal Emperor and a Hindu lady of the emperor's harem. Due to her partially Hindu birth, the princess went on pilgrimage to Haridwar, and then visited Hindu shrines near the upper Ganges River. When she reached Badrinath, located in modern day Uttarakhand. There, an unnamed god appeared to her, and told her to return to Kankhal, where after her death she would be enshrined for eternity, credited to her immense piety to the Hindu faith. After her death, the god decreed that she would become the guardian goddess of children and be deified as a manifestation of *Śītalā Devī*.



Figure 2: *Śītalā Devī* Shrine at Kankhal (Crooke 1896)

This is a phenomenon that is seen both with *Śītalā Devī* and smallpox as well as *Ola Devī* and cholera. Both goddesses cross religious lines and are a shared deity



amongst communities. The hazy boundary that blurs between different faiths is a testament to the yearning with which humanity seeks to venerate celestial entities, particularly in the face of maladies whose remedies elude comprehension. However, with the advent of understanding the causes of infectious disease, there are religious movements that push for the clear categorization of such folk deities. Here, there is a crossroads of the effects of colonialist policy, Hindu communities, and Muslim communities. The establishment of colonial public health policies, notably vaccination and other secular measures, has led to a distinct demarcation in defining the religious identity of folk goddesses. In the modern day, there exists movements of expelling such folk goddesses from the Muslim faith. In the section on the Iconography of *Ola Devī*, I discuss *Ola Bibi*, the Muslim counterpart of the Hindu goddess of cholera *Ola Devī*. There, we find yet another example of the interreligious nature of disease goddesses.

### 3 *Ola Devī*: The Goddess of Cholera

#### 3.1 *Ola Devī* and Colonial History

Cholera is unique because of its origin. Unlike other European conquests and colonial projects, cholera originated within India, and greatly affected both the indigenous and European populations (Arnold 1993). In other colonies, Europeans often spread illnesses like smallpox to the indigenous populations, causing widespread fatalities. A particularly devastating example of this can be found with the European arrival in the Americas. The Indigenous Americans had never been exposed to smallpox, measles, or the flu before, and it resulted in killing an estimated 90% of the Native American population (PBS 2019). In 1713, smallpox epidemics in the Cape of Good Hope wiped out the South African Khoi San people, paving the way for European colonization. Similar biological conquests occurred in the Aboriginal populations of Australia and New Zealand. In his book *Guns, Germs, and Steel*, Jared Diamond notes that “More victims of colonization were killed by Eurasian germs, than by either the gun or the sword, making germs the deadliest agent of conquest” (Diamond 1997). Cholera was not like this. It was not a well-known disease prior to the nineteenth century, and it was so foreign in nature that Europeans feared a second “Black Death” might come upon them in the form of cholera (Arnold 1993).

Cholera goddesses in the literature of colonial era policies and history are more limited than the resources on smallpox. This may be since smallpox deities often played

dual roles as chief deities of multiple diseases, including cholera. Goddesses like *Mariyamman* are still worshiped to this day as a goddess that protects against all illnesses, especially in children that are afflicted. However, cholera offers a unique perspective on the development of religious deities in the context of colonial policies. Unlike smallpox, the etiology of cholera remained largely unknown until the mid-nineteenth century, when physician John Snow mapped instances of cholera in London. John Snow, who is now considered the Father of Epidemiology (Begum 2016), was able to demonstrate a link between cholera and contaminated drinking water that affected his cholera patients in Soho, London. His map, shown in **Figure 3** below, was revolutionary in discovering the etiology of cholera.



**Figure 3: John Snow's Maps on the Cholera outbreak in SoHo, London. (Snow 1849)**

In relevance to cholera goddesses and the colonial project, understanding cholera was a challenge. Cholera seemed to “randomly” affect individuals; it was considered an “inscrutable malady” by both Europeans and Indians (Tinker 1993, 141). The largest and most ferocious cholera epidemic in India occurred during 1817-1821, with Bengal being labeled the “home” of the illness (Rogers 1926). This timeline of the epidemic closely mirrored that of the end of the Anglo-Maratha Wars. The Third Anglo-Maratha War lasted from 1817-1819. It put an end to the conflict between the British East India Company and the Maratha Empire, and resulted in the end of the Maratha Empire itself. In 1818, the Maratha *peshwa* surrendered, was captured, and isolated in Kanpur, located in modern-day Uttar Pradesh. Most of the *peshwa*'s territory was annexed into what was renamed the Bombay Presidency (Dalrymple 2020, “Maratha Wars”, Britannica 2019).

The coincidence of the cholera epidemic with this war led to the British colonial perception of cholera as an enemy of the army (National Library of Scotland 2007). The spread of cholera was mainly attributed to indigenous people who followed the army camps, as noted in the Reports on Asiatic Cholera in Regiments of the Madras Army from 1828 to 1844:

“Safety on the line of march appears in a great measure to reside in the smallness of the marching body, and more especially keeping from the encampment all followers who are not directly connected with the regiment, as the classes alluded to are always poor, filthy in their habits, and entirely

exposed to the varying effects of the weather, and thus more disposed than the soldier to attract disease” (Rogers 1848)

On the march across India to fight this war, soldiers were one of the “main vectors of the disease and might carry it [cholera] with them across vast tracts of rural India” (Arnold 1993). The Company ended its rule in India in 1858, at which point Parliament passed the Government of India Act, effectively turning over control of India to the British Crown. After the change in power, the colonial empire took it upon itself to regulate the standards and conditions of living to curb the epidemic (“Government of India Acts” n.d.).

The second wave of the cholera epidemic occurred during the late nineteenth century, when cholera coincided with severe famine. During this period, severe drought resulted in crop failure, leading to the famine. Although cholera is not a direct result of famine, weakened immune systems as a result of malnourishment played a critical role in the transmission of the disease (Arnold 1993). Additionally, the massive drought led people to drink directly from wells that were often infected with cholera, leading to even more cases of the disease. In Europe and North America, cholera festered in industrial cities and urban slums. This was different in India, where cholera festered in regions of the rural poor more than anything else. However, the newspaper, *The Bombay Times and Journal of Commerce*, now known as *The Times of India*, pointed to the lack of cleanliness in Indian cities as the cause of the epidemic. The paper considered the state of cities and villages as “filthy holes”, stating that the

“Filthiest hole you can name there is palatian purity compared with what is seen in the district towns and villages. But we continue nevertheless to call our rule benevolent, liberal, enlightened, and indeed nearly all which is to be expected during the millennium, and we expect it to be gratefully regarded by the natives, unfed, unhoused, unclothes, ‘unkempt, unwashed”

(The Bombay Times and Journal of Commerce 1859)

The nature of this relates to the concept of the “White Man’s Burden” (Kipling 1899)—the idea that it was the colonial project’s job to uplift the indigenous people. It created a hierarchy where the British were considered more intelligent and civilized, as opposed to the “unwashed” and “unclothed” native peoples. This attitude towards colonized people still influences the subcontinent to this day.

Unlike the colonialists, the indigenous Hindu people of South Asia took a sociopolitical and religious approach to the reasons behind the cholera epidemic. The cholera goddess, *Ola Devī*, has only been found in deltaic Bengal, which, as mentioned previously, was where the cholera epidemic was the most devastating. However, there is evidence that the indigenous people of India made a distinct link between cholera, religion, and colonial conquest. Ethnographies show that cholera was viewed as a chastisement of the Hindu population. They viewed it as a punishment for not resisting British incursions and conquest (Arnold 1993). French physician Moreau de Jonnès reported that the Hindu population attributed the epidemic to “Yagatha Ummah”, and her resentment towards British rule. Inhabitants of Ongole (located in modern-day

Andhra Pradesh) credited the epidemic to the angering of the goddess *Mahālakshmi* (See **Figure 4**). The king of the people of Goomsur had been taken captive by the British, and he was unable to make his usual offerings to *Mahālakshmi*, the Goddess of Good Fortune. The Rajah of Goomsur had dedicated all of his fortunes to the *Mahālakshmi*, and made any sacrifices that were required by her priests. As a result, she cursed the Ongole people and British soldiers with cholera. This was recorded in Emma Rauschenbusch-Clough's ethnography, *While Sewing Sandals* (1899):

“Mahalakshmi said, “You offer me nothing. What am I to do?”

The Rajah said, “The English Government did me this evil. Go to them, spoil everything they have, bring cholera and smallpox to their regiments.”

The goddess left him, thirsting for blood...

So great was the thirst of Mahalakshmi for blood, that when a man fell sick he died on the spot. She let none escape.”

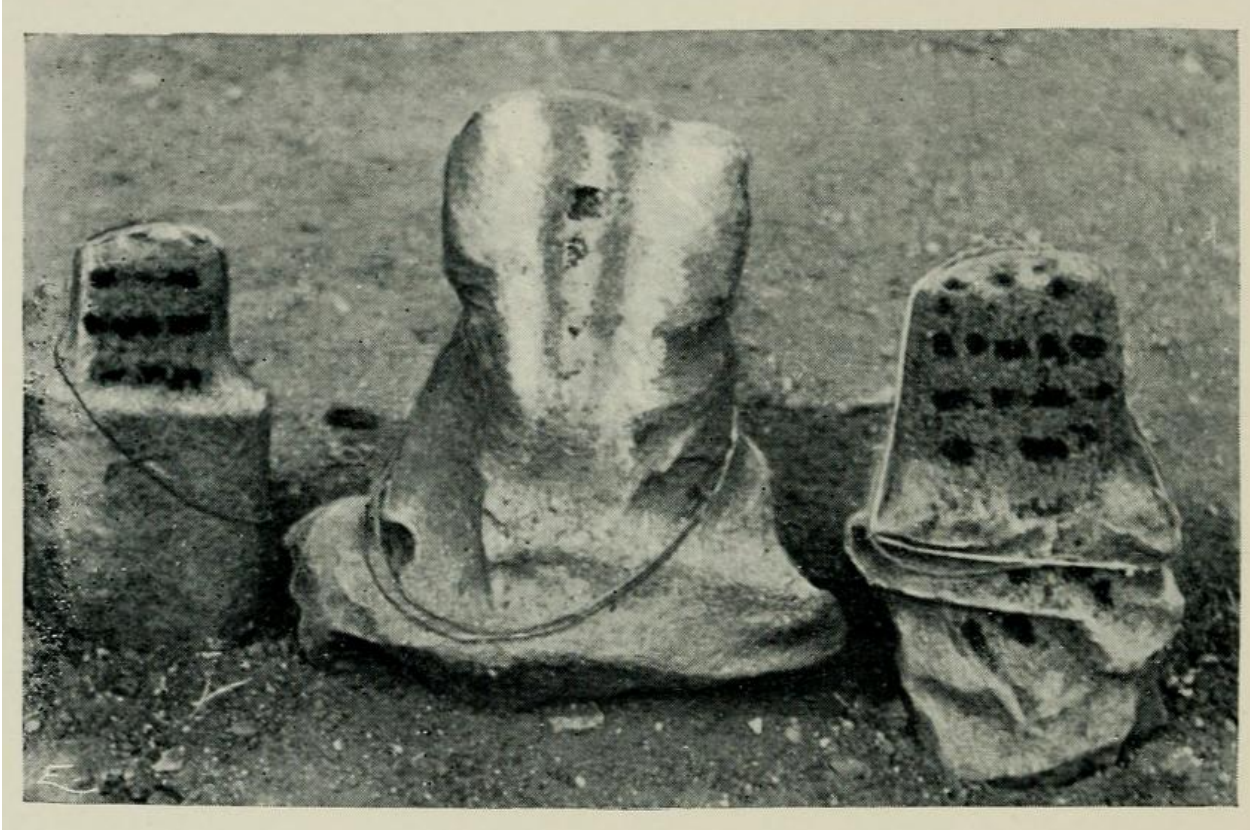


Figure 4 : *Mahālakshmi* (Center) and her Attendants, in Goomsur, Andhra Pradesh

(Clough 1899)



### 3.2 *Ola Devī*: An Iconography

In South Asia particularly, cholera was a disease open to a variety of different cultural and political interpretations. As a result, *Ola Devī*– the goddess of cholera herself– has a more transcendent identity. She is neither here in the physical realm, nor there, in the spiritual realm. Because of her fluidity, she possesses a quality of religious worship that is intricately linked to both the cultural identity of the landscape, as well as the political government of the time.

*Ola Devī* herself is mainly a regional goddess of Bengali origin and worship. There, she is known as *Oola Beebee* or *Ola Devī*. Her supposed origin occurred when a woman wandered through a forest and tripped over a large stone. This stone turned out to be a symbol of cholera, and worship of this stone was the only way to prevent the contraction of the disease (Bray 2004). In 1720, an English merchant, Mr. Duncan (Dankin Sāheb), built a temple for the stone, as well as an idol of the woman that had discovered it. This temple, through my discovery, is the *Śrī Olāicaṇḍī Mātā Ṭhākurāni Mandir* in Kolkatam off Khudiram Bose Road, Belgachia (Ferrari 2014). The mandir was built when the merchant contracted cholera and was visited by *Olā Bibi* herself. She told him not to fear, and to build the mandir in her honor. This idol, rather than depicting a human woman, was of the newly formed cholera goddess, *Ola Devī* herself. The new idol was

“Of a carcass on which a vulture is feeding, on the back of the vulture sits the goddess with four hands. On her right sits Munsha, the goddess of snakes and next to her sits Shiva the Destroyer. Next comes a suppliant woman praying to Shiva for the life of her husband, who is depicted as dying of cholera. On the other side of the goddess are the idols of Sheetola, the goddess of cholera, and then Shusthee, the goddess of children” (Bray 2004)

“Shusthee” here refers to *Ṣaṣṭhī* (Sanskrit: षष्ठी, “The Sixth One”), the Bengali goddess of children that has long been associated with *Śītalā Devī*. It is interesting to note that in this shrine, *Ola Devī* has the qualities associated with a mother, similar to *Śītalā Devī* worship. Her proximity to an idol of *Shivā* indicates that this depiction of *Ola Devī* is associated with *Kālī*. *Kālī* is the śakti (“the strength”) of Śiva, the Hindu god of destruction. She symbolizes the power of time (Sanskrit: *kāla*).

In her iconography, *Kālī* is described as a “two- or four-armed, hideous, naked woman who devours all beings. She may hold a noose, *vajra*, skulltopped staff, sword, and a severed head. She is depicted as a fierce and powerful figure, with dark skin, multiple arms, and a necklace made of severed heads. *Kālī* is worshiped by many Hindus as the embodiment of Shakti, or divine feminine energy, and is seen as a protector of the universe. In Hindu mythology, *Kālī* is sometimes seen as a consort or counterpart to *Shivā*, one of the most important gods in the Hindu pantheon. The relationship between *Kālī* and *Shivā* is often depicted as one of intense passion and devotion, with *Kālī*

representing the fierce and active aspect of *Shivā's* divine energy. According to some interpretations, *Kālī* is said to have emerged from the forehead of the goddess *Durgā* during a battle with a powerful demon. In this sense, *Kālī* is seen as an embodiment of *Durgā's* anger and power and is closely associated with *Shivā* as a symbol of his own destructive energy. Despite her fearsome appearance and reputation, however, *Kālī* is also believed to possess great wisdom and compassion and is often called upon for guidance and protection. While she is often portrayed as a destroyer of evil forces, *Kālī* is also revered as a compassionate mother figure who can provide spiritual guidance and support. This iconography of *Kālī* is quite similar to that of *Ola Devī*.

According to the National Encyclopedia of Bangladesh, *Ola Devī* is the wife of *Māyasura*, who in epic literature is the King of the *Danavās*, a demonic race (“*Ola Devī*” 2003). The *Danavās* are the half-brothers of the *Devās*, a class of celestial beings who are considered to be divine in nature. They are often depicted as radiant and beautiful beings who possess great power and wisdom, and who serve as intermediaries between the gods and humans. In other literature, *Māyasura* is the father-in-law of *Rāvanā*, the main villain of the Sanskrit epic the *Rāmāyanā* (Mittal 2006). According to the encyclopedia, *Ola Devī* is the Hindu version of the goddess, with *Ola Bibi* being primarily worshipped in Muslim-majority regions. In these regions, the goddess is portrayed as a teenage girl from a Muslim aristocratic family, complete with the clothes befitting her background: an odna, scarf, loose garments, and nagra shoes. *Ola Devī*, on

the other hand, is portrayed wearing a sari, a garment resembling many Hindu goddesses.

*Ola Devī* is said to be worshiped alongside six other deities of Bengali origin:

1. Jholabibi
2. Ajgabibi
3. Chandbibi
4. Bahadabibi
5. Jhtunebibi
6. Asanbibi

These seven goddesses together have been interpreted by indigenous populations as transfigurations of the following Vedic deities known as the *Saptamātṛkās* (“The Seven Mothers”) (“Saptamatrika” 2014):

1. *Brāhmī* (Sanskrit: **ब्राह्मी**) - “Wife of Brahma, The Creator”
2. *Māheśvarī* (Sanskrit: **माहेश्वरी**) - “Wife of *Shivā*. The Destroyer”
3. *Vaiṣṇavī* (Sanskrit: **वैष्णवी**) - “Wife of *Viṣṇu*, The Protector”
4. *Vārāhī* (Sanskrit: **वाराही**) - “Wife of *Varāha* the Boar”
5. *Indrāṇī* (Sanskrit: **इन्द्राणी**) - “Wife of *Indrā*, King of the Gods”
6. *Kaumārī* (Sanskrit: **कौमारी**) - “Wife of *Kumara*, God of War”
7. *Cāmūṇḍī* (Sanskrit: **चामुण्डी**) - “Wife of *Yama*, God of Death and Justice”

The number of sister deities mimics The Seven Sisters that were mentioned earlier, in the *Śītalā Devī* portion of this paper. This may be due to the significance of the number seven in various Vedic Texts, where the grouping of seven women is a common theme throughout. Their collective worship has basis in prehistoric times by a terracotta relic depicting the sisters, found at the Harappa site at Mohenjo Daro, a major city of the Indus Valley Civilization. The *Saptamātṛkās* have also been found at relics at Nalanda Mahavihara, an archaeological site of Buddhist monastic institutions in the State of Bihar, dating from the 3rd century BCE to the 13th century CE.

The dominant response of the Indian indigenous population was to respond to cholera as a new deity, colloquially known as *jari mari* (“Sudden Sickness”) or *kala mari* (“Black Death”). Cholera was also associated as a manifestation of an existing deity’s powers, such as *Kālī* or *Mariamman* although this was localized mostly to South India. As such, *Ola Devī*’s iconography is intensely similar to that of *Kālī*. This similarity is also embodied by various accounts of human possession by the cholera deity. In *Notes on the Epidemic Cholera*, Richard Kennedy, a British medical officer of the Bombay establishment, described a woman who

“declaring herself to be an Avatar of the fiend of pestilence entered the bazar or market street. She was almost naked; but her dishevelled hair, her whole body, and her scanty apparel were daubed and clotted with the dingy red and ochry yellow powders of the Hindoo burial ceremonies...In one hand she held a drawn sword, in the other an earthen vessel containing fire (the one

probably a symbol of destruction , the other of the funeral pile)...her phrenzy seemed beyond all human control; and as she bounded along, she denounced certain destruction to all who did not immediately acknowledge her divinity” (Kennedy 1827)

This possession by *Ola Devī* was stated by Kennedy to have been “instantly apprehended and confined” by the local British officers on duty. The deities of cholera take on an interesting role when it comes to matters of possession. Although there are many accounts of *Śītalā Devī* possession as a form of *Devī* worship, the possessions of humans by *Ola Devī* were closely monitored by the British colonial officers. In the possessions, the individual being possessed becomes *Ola Devī* herself. She is no longer a human being. Rather, she is of the divine, with people designating the proper rituals that befit a possession. The British officers considered the possessions by *Ola Devī* as a form of fear-mongering on the part of the individual being possessed, and were quick to track any individual that took part in this behavior. Cholera, unlike smallpox for which the British had a vaccine, was entirely unfamiliar, and thus more susceptible to fear-mongering. In either case, possessed individuals were often thrown in jail or fined heavily, if not driven out of the city in which they were found (Arnold 1993).

Although the theological association with *Kālī* is clear, historical records also show that *Ola Devī* seemed to stand directly opposing *Kālī* worship. In an account by Reverend J. Keith in 1818, describes an individual posing as an incarnation of “Ola Beebee”. She sat at the outskirts of Calcutta, with a young Brahmin woman as her

attendant and priestess. According to the Christian missionary account by Keith, the woman was trying to vie for the prophylactic cholera offerings that were being given to *Kālī* in a nearby temple. Keith and other British colonists viewed this as nonsense, stating that “terror” had been “sown in the minds of the people” (Keith 1818) as a result of this event. This particular event shows how political interpretations of religious identities played a critical role in the development of cholera’s sociocultural identity. British officials were swift to shut down any instances of these “possessions”, claiming that they posed a threat to the well-being of the local population, both indigenous and British. In this way, the policing of religious identities became a matter of public health.

### 3.3 *Ola Devī*: The Hindu-Muslim Goddess

Muslim individuals in Bengal often worship *Ola Bibi*— the Muslim counterpart to the Hindu *Ola Devī*. To them, worship of *Ola Bibi* is justifiable, even if they are Muslim, because they argue that “God is far away. He lives in Heaven. He is concerned with ‘big things’ and the governance of the universe. He has no time to deal with the petty requests of poor people, villagers, farmers, and fishermen” (Vargas-O’Bryan and Zhou Xun 2014). Deities like *Ola Bibi* are closer to humans, and can understand their woes. This mirrors the course of *Śītālā* worship by Muslim communities in Bengal.

During the colonial period, British officers were quick to blame the genesis of *Olā Devī* on “*brahmans* from Calcutta who took advantage of ‘cholera morbus’” (“Epidemic in Bengal” 1818). This description, along with the corresponding Hindu festivals and pilgrimages caused the constant stigmatization of Hindus by the British colonial officers (Vargas-O’Bryan and Zhou Xun 2014). British medical officers also stigmatized Indian Muslim pilgrimages as sources of the cholera outbreak. This division of public health policy between the two religious groups increased tensions between the communities but did not increase communalism between Hindus and Muslims in Bengal overall (Ferrari 2014). However, in contemporary Bangladesh, Muslim movements have been put together to eradicate folk tales of *Śītālā Devī* and *Ola Bibi*, citing the fact that worship of non-Islamic deities is considered against Muslim doctrine. In Bangladesh, Saudi-sponsored non-governmental organizations, militant organizations, and political parties have been working to modify the cultural background of the country. Ferrari (2014)



states that “popular/folk practices are the targets of zealots who consider them to be *kāphir* in origin”. Some individuals who practice these folk practices, such as worshipping *Śītalā* or *Ola Bibi*, are often refused a Saudi Arabian Visa, making it impossible for them to complete their *hajj* to Mecca. For many Bengali and Bangladeshi Muslims, the worship of *Ola Bibi* is done secretly or abandoned completely, for fear of death or retaliation (Ferrari 2014).

## 4 Corona Devī: The Goddess of COVID-19

### 4.1 Introduction

During the COVID-19 pandemic, a new goddess emerged on the front pages of news websites. In Kerala, individuals set up shrines to the goddess in their homes (Dore 2021). The Devī's iconography consists of an "unusual polystyrene figure, resembling the spiky COVID-19 protein found in its place alongside established Hindu deities such as Krishna and Shiva". The individual stated that he wanted to send a message to all people that "you can stay at home and worship god. God exists everywhere". Incidents of idol worship of Corona Devī were found all over India, especially after the deadly second wave of the pandemic that started in 2021. In the South, they have been found in Karnataka and Tamil Nadu; in the North, Uttar Pradesh, Jharkhand, and Bihar; in the east, Assam. In Tamil Nadu specifically, the Kamatchipuri Adhinam temple in Coimbatore consecrated and held daily prayers to the goddess over a 48-day period. Although the temple remained closed due to Coimbatore's high COVID-19 rates, priests constructed two tributes to the goddess, one made of sandalwood, and the other made of stone (See **Figure 5**). Every day, the priests left food, offerings, and bathed the idols in turmeric water and milk. When asked about the goal of the shrines, the temple manager replied "Even doctors are unable to deal with the enormity of the situation. So we turn to faith and God as a last resort" ("Corona Devī: Indian Priests Pray for Mercy from COVID 'Goddess'" n.d.).



Figure 5: The Kamatchi Adhinam temple's shrines to the Corona Devī

(“Corona Devi’: Indian Priests Pray for Mercy from COVID ‘Goddess’” 2021)

In Uttar Pradesh, a shrine with a masked Corona Devī was erected, but it was quickly burned down by the Uttar Pradesh police. The police cited issues about the land that the shrine was built on. “In the (local) language coronavirus was assigned a female gender, for people she became a goddess” said a member of a Uttar Pradesh village. However, further research into the public health measures officials issued by the Uttar Pradesh Department of Health and Family Welfare assigns a grammatically masculine gender to the word virus. The headlines of the official health posters (See **Figure 6**) state “Corona Virus Ka Khatra Ghataye”, (“Please Decrease the Threat of the Coronavirus”), with as a masculine labeled article. Whether this was intentionally done on the part of the Uttar Pradesh government to combat any religious associations cannot be

confirmed. In Assam, Corona Devī was addressed as *Corona Maa* or literally “Mother Corona”. The women of Biswanath Chariali district in Assam performed a Corona Devī Puja on the banks of a river. They cited the goal of the puja as to invoke the wind to come, so that the wind would destroy the virus (“Assam: Many Perform ‘Corona Devī Puja’ to End Coronavirus Pandemic” n.d.).

unicef for every child

11

World Health Organization India

## कोरोना वायरस का खतरा घटायें

यदि आप किसी व्यक्ति के संपर्क में आये हैं जो कोरोनावायरस रोग से ग्रसित है या उसे होने का संदेह है, तो 14 दिनों के लिए घर पर सबसे अलग रहें

यदि आप घर में स्वॉरन्टीन (अलग रहने की स्थिति) में हैं तो इन महत्वपूर्ण सावधानियों का पालन करें:

- 1** धीकने, खासने, पानी को पीने, भोजन से पहले और शौचालय का उपयोग करने के बाद अपने हाथों को साबुन और पानी से धोएं
- 2** खासते और धीकते समय अपने मुँह को रुमाव / रियू से ढकें
- 3** अपनी आँख, नाक और मुँह को छूने से बचें
- 4** बुजुर्ग व मधुमेह, उच्च रक्तचाप, साँस या गुँदे की बीमारी से ग्रस्त व्यक्तियों से दूर रहें
- 5** यदि आपको खाँसी, साँस लेने में परेशानी या बुखार हो, तो सजिकस मारक का उपयोग करें
- 6** एक अलग कमरे में सोएँ या दूसरों से 1 मीटर की दूरी बनाकर सोएँ

यदि आप पिछले 14 दिनों में विदेश से लौटे हैं या कोरोना वायरस संक्रमित व्यक्ति के संपर्क में आए हैं तो:

- खाँसी या बुखार के लक्षण होने पर, या साँस लेने में तकलीफ होने पर तुरंत डॉक्टर से संपर्क करें। आवश्यकतानुसार आपके लोक टेस्ट कराए जायेंगे
- यदि खाँसी, बुखार या साँस लेने में तकलीफ जैसे लक्षण नहीं हैं, तो भी घर में और बाहर अन्य लोगों से संपर्क सीमित करें
- घरक से 2m दुरी की भीतर यदि आपको खाँसी, बुखार या साँस लेने में तकलीफ महसूस हो, तो स्वास्थ्य विभाग की टीम की हेल्पलाइन पर कॉल करें

स्वयं अपने स्वास्थ्य की निगरानी करें और खाँसी, साँस लेने में परेशानी या बुखार होने पर तुरंत डॉक्टर से संपर्क करें

**24x7 1800-180-5145**  
स्वास्थ्य एवं परिवार कल्याण विभाग, उत्तर प्रदेश की लोकजी हेल्पलाइन

अधिक जानकारी के लिये संपर्क करें 0522-2230006, 0522-2230009, 0522-2616482

Figure 6: Official Public Health Poster issued by the Uttar Pradesh Department of Health and Family Welfare from March 2020 (UNICEF 2021)

## 4.2 Literature Review

Previous research into Corona Devī has been conducted by scholars as to the etiology of the goddess in an anthropological lens. Most research studies into Corona Devī draw conclusions on the imagery associated with the goddess (Das 2021), as well as the different types of worship that are conducted by individuals. Although much research exists on the genesis of pandemic goddesses themselves, as I have shown earlier in this paper on Śītalā Devī and Ola Devī, there is limited research on how social media have played a role in the creation and “knowing” of the goddess. Analyses of Corona Devī take more ethnographic forms; Dilip K. Das (2021) discusses the genealogy of Corona Devī, and how the goddess fits into the larger Hindu pantheon of pandemic goddesses. Here, Das also discusses how a pandemic goddess is created, as opposed to transmuted from an existing goddess. Das concludes that the creation of disease goddesses “depends on the degree of fear that an outbreak evokes rather than the fact of its transmissibility...Smallpox and cholera may not have accounted for more deaths than, say, endemic diseases like malaria, but they were certainly perceived as more dramatic and dreadful, as have been plague and HIV disease”. We see here that the COVID-19 epidemic has followed this state of fear, which has resulted in the creation of the goddess. Other researchers have written about the source of the Corona Devī itself, stating that fear creates a state of heightened societal reactions, particularly in the spiritual sector (S 2021). This makes people that deal in spirituality—tarot card readers,

priests, fortune tellers— more essential to the well being of the public (Fitzpatrick 2010). To some political researchers, the COVID-19 pandemic raised troublesome issues such as racism, nationalism, stigma, and prejudice towards marginalized communities (Brewis, Wutich, & Mahdavi, 2020; Elias et al. 2021; Lin, 2020). This prejudice was reflected in India, where caste and religious intolerance surfaced, with Corona Devī being a mascot for the Hindu nationalist religious movement. However, there exists a gap in scholarly research on Corona Devī itself. This may be due to the recency of the COVID-19 pandemic, as well as the localization of Corona Devī to specific states in India. In particular, there is a lack of research in content analysis of the responses of the pandemic, specifically when it comes to religious beliefs and the creation of a new goddess. In the following content analysis, I attempt to compare the etiology of the Corona Devī to the existing literature surrounding smallpox and cholera goddesses.

### 4.3 Methodology

#### *Site of analysis*

Here, I try to contextualize the response to pandemic goddesses through the medium of Twitter. Twitter is a widely used social media platform for networking and microblogging, allowing users to post tweets with a maximum length of 280 characters. The act of posting content onto the website is known as “tweeting”. As of 2018, Twitter boasted more than 321 million monthly active users worldwide, with 34.4 million of those users located in India (Wang 2012).

Twitter was used as the main data collection platform, with the researcher web-scraping tweets using specific hashtags that were predetermined. The data collected was public, as it was obtained from the public feed on Twitter, which meets the requirements for being a public site (Kozinets 2020). This is because I will only be collecting data from the public feed on Twitter; specifically tweets that contain specific hashtags. Twitter’s public feed meets the requirements for being a public site, as it is an online platform or web application that has access to the public, does not require registration or password login and is accessible by Google search (Kozinets 2020). Any personal identifiers such as usernames or account details were removed to ensure data anonymity, adhering to the ethical protocol of data security (reference). Access to sensitive data such as account names and posting information was limited to only individuals involved with the project. A risk assessment was conducted to ensure that

the data collected and presented was not harmful to the specific religious and ethnic group studied. Sensitive topics and data were justified properly, as the study dealt with remarks made about the COVID-19 pandemic, which was a difficult and sensitive time for many people. The data was saved on an encrypted file on the researcher's device, with an encrypted backup on their hard drive.

### *Data Collection*

The data were collected by using Python; the Pandas package was used to process the data in a dataframe. Tweets that were posted in 2021, were scraped, as this was the peak of the coronavirus pandemic in India. “Corona Devī” and “#coronadevī”, which are the focus of this research, were used as searching terms. The main search term “Corona Devī” was used to obtain any tweets that concerned the goddess. This step yielded 2,656 tweets for the “Corona Devī” search term, and 320 tweets for the #coronaDevī search term (in total: 2,976). The data obtained included the full text of the tweet, the view count, the hashtags listed, and the link to the tweet. The data was cleaned and processed using Python. The translation was done using Google Translate. After applying the following protocols, 290 tweets were analyzed for their content.

1. Remove multiple tweets that were by the same author, and keep only one. In all cases of multiple tweets, the coding sentiment was found to be similar
2. Remove tweets that had no reference to Corona Devī



3. Remove meaningless text (i.e. text with so many spelling and grammatical errors that it was impossible to translate)
4. Remove any formal news sources that were reporting on this phenomenon.
5. Remove tweets where the tweeter did not self-identify as South Asian

#### 4.4 Data Analysis

The unit of analysis for this study was the text of a single Tweet. The full text Tweets were analyzed by manual coding. Each Tweet was analyzed and classified in a primary category, as either supportive or critical. The Tweet was then further classified into one of four subcategories: Political Tension, Gender Inequality, Caste, Scam, or Humor.

These subcategory classifications were created using an inductive approach. To determine the primary category, I first looked for explicitly stated opinions, and then paid attention to the tone and word selection of the Tweet. For example, if the Tweet expressed enthusiasm towards the Corona Devī using positive language, it was marked as supportive. I subcategorized the Tweet by looking for specific words that would determine its connotation. For example, if the main point of a Tweet was directed towards an Indian political party, it was subcategorized as “political tension”. When assigning subcategories, I looked for evidence or arguments that supported the Tweet's position, as text in favor of something typically presents arguments to support its position.

Category	Description
Support	This theme was applied to tweets that were in support of Corona Devī worship, and spoke positively of the goddess.

	This code does not include any sarcastic statements made about Corona Devī worship.
Critical	This code was applied to tweets that were not in support of Corona Devī worship, and spoke negatively of the goddess.  This includes any critical statements towards the goddess as well as her followers.

Subcategory	Description
Political Tension	This code was applied to tweets that had any political association. This includes tweets that accused or supported Indian political parties as the source of Corona Devī worship.
Gender Inequality	This code was applied to tweets that had any gender-relevance. This includes tweets that questioned the gender of Corona Devī, as well as any tweets that made references to Corona Devī's power and abilities as a female deity.
Scam	This code was applied to any tweets where the tweeter stated that the Corona Devī was an entity created to scam innocent people. This does not include any tweets that were associated

	with political scams. For political scam related tweets, see the “Political” code.
Humor	This code was applied to any tweets that used humor as a method of understanding the concept of the Corona Devī.  Humor was defined as anything that could be classified using Berger’s List of Humor (See Appendix A).
Caste	This code applied to any tweets where caste or caste-related hierarchies were mentioned in relation to Corona Devī worship

The intercoder reliability of our coding scheme was assessed using Cohen's Kappa, which yielded a value of 0.88, indicating substantial agreement between coders.

Supporters of the Corona Devī posted tweets regarding temple worships and online prayer circles that were occurring in devotion to the Corona Devī. These users also took to Twitter to express their support by praying through the use of Tweets. In this way, devotees would write prayers to the goddess regarding their family members or friends that were afflicted with COVID-19, urging the goddess to cure them.

Critics of the Corona Devī have been active on Twitter, posting about the origins and nature of the goddess. These users take a more scientific approach, analyzing the cultural and social factors that may have contributed to the creation and spread of the goddess, rather than approaching it from a spiritual or religious perspective. Many

critics have raised concerns about the political, caste, or conspiratorial nature of the Corona Devī, arguing that it is a tool used by various social or political groups to further their own agendas. These critical tweets are often categorized under the "political", "caste", or "scam" subcategories, highlighting the different angles from which critics approach the issue. The debate surrounding the Corona Devī on Twitter underscores the complex interplay between religion, politics, and society in the context of the COVID-19 pandemic and highlights the importance of understanding the varied perspectives and motivations of different groups involved.

## 4.5 Results

### *Political Tension*

The political party currently in power, the Bharatiya Janata Party (BJP), was the target of most of the tweets that were analyzed (15% of the total Tweets). The BJP is a major political party in India, which adheres to the ideology of Hindutva, a concept that seeks to promote and protect Hindu culture and traditions. BJP considers Hinduism as an integral part of India's identity and aims to establish a Hindu Rashtra (Hindu nation) based on its principles.

Some tweeters asked when the Prime Minister, Narendra Modi, would “reach for pooja archana” in the name of Corona Devī, which is the ritualistic worship of a deity. Some users on Twitter supported the construction of Corona Devī temples in Coimbatore, Tamil Nadu and Uttar Pradesh, citing that the worship of gods and goddesses was not uncommon in other aspects of daily lives. One user mentioned that it was common for many to turn to Lord Rama (a popular Hindu deity) when it came to issues of “unemployment, starvation, and high prices”.

When is Modi reaching for 'Pooja-Archna'? \*Why 'Corona Devī Temple' should not be constructed?..If killing virus of 'unemployment, starvation and high prices' can be embraced in the name of lord Ram..why not Corona?

\*Should Hindus not contribute for grand temple?" [Rephrased Tweet with translation and corrected spelling]

It is important to note that Uttar Pradesh is a BJP majority state. Many associate the BJP with “Hindu religious fervor” (Vaishnav and Vaishnav 2019), and the situation with Corona Devī is no different. The occurrence of Corona Devī is a byproduct of the religious fervor created by the BJP. Although the party was not directly associated with the deity, many users on Twitter associated the deity with groups of people that feverishly supported the BJP and their Hindu-centric policies. A clear example of this was the construction of the Corona Devī temples in Coimbatore. Coimbatore, Tamil Nadu is a district governed by the DMK, a political party that is coalitioned with the Indian National Congress (INC). The INC is the rival opposition party against the BJP on a national scale. Many tweeters noticed that the existence of Corona Devī temples in Coimbatore was a bit odd, considering the political inclinations of the district. Users on Twitter said that Coimbatore was so “extreme with religion” that they ended up opposing the values of the political party of their state. Instead, it seemed that they sided with the Hindu fervor championed by the BJP. The religiosity and subsequent politicization of Corona Devī was implicated by many that condemned the Corona Devī temple constructions.

Corona Devī didn't help??? Sorry this is not hate. Of course MKS is the Chief Minister for all the people and districts in Tamil Nadu but Coimbatore was so extreme with religion and was trying to be a mini Uttar Pradesh. So I just felt Corona Devī would cure everyone there. [Rephrased Tweet with translation and corrected spelling]

The users that criticized the Corona Devī blamed the BJP for the politicization of Hindu religion, stating that the party championed unsubstantiated methods to combat the virus. News reports show that BJP Members of Parliament, such as Pragya Thakur, encouraged people to drink “cow urine daily” as it is a “kind of acid which purifies my body. It also purifies the lungs and saves me from COVID-19 infection” (*The Economic Times* 2020). Another BJP legislator, Suman Haripriya, stated that “We all know that cow dung is very helpful. Likewise, when cow urine is sprayed, it purifies an area... I believe something similar could be done with 'gaumutra'<sup>1</sup> and 'gobar'<sup>2</sup> to cure coronavirus (disease)” (*The Economic Times* 2020). The construction of Corona Devī temples, therefore, was a direct reflection of this ideology. To these tweeters, the construction of Corona Devī temples was just another ineffective and impractical method of solving the COVID-19 crisis. In addition, the existence of Corona Devī was

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<sup>1</sup> Cow urine

<sup>2</sup> Cow dung



seen as a subtle political agenda set by the religious nature of BJP legislators and their views on public health.

### *Gender Inequality*

The “gender” tag applied to gender-based tweets that questioned the question of the goddess. Most of these tweets were either inherently sexist, or critical of the sexism that Corona Devī was facing on Twitter. For example, users would tweet about why the coronavirus goddess was a female, rather than a male god. For this, one user stated that every “genocidal maniac has been male”, which made the female gender assigned to Corona Devī invalid. Some users raised concerns about the attire of the Corona Devī, which appeared to be more commonly associated with female individuals.

### *Scam*

Some users took a conspiratorial or “scam” approach to understanding Corona Devī. With this tag, users concluded that the Corona Devī was a scam made up by organizations or temples to generate wealth. This tag also coincided closely with the “political” and “caste” tags. This was because the “organization” that was often being cited as the source of the scheme was political or caste-related.

### *Caste*

The “caste” tag pertained many to instances where individuals blamed the Brahmin caste for being the start of the Corona Devī. The issue of creating the Corona Devī and the involvement of Brahmins in this process has caused a rift among users. Some users have accused Brahmins of using religion as a justification for creating Corona Devī and blamed them for the cultural basis of the Devī. On the other hand, some users have accused Brahmins of using their caste to influence the installation of the idol in temples and generate more profit. The creation and installation of the new idol highlights the ongoing impact of the caste system on public health in India. This reinforces the idea that certain castes hold more power and privilege than others, and that these hierarchies continue to permeate the social and cultural landscape of India. The controversy surrounding Corona Devī demonstrates that these inequalities continue to exist, even in the context of public health. As long as the caste system remains a fundamental part of Indian society, it will continue to shape health outcomes and beliefs.

### ***Humor***

Humor was used by users that mainly criticized Corona Devī. Using Berger’s List of Humor Techniques (Appendix A), the most common method of utilizing humor was through the exaggeration of Corona Devī. Through this technique, users over exaggerated the concept of creating the Corona Devī itself. An example includes the following tweet:

“I applied to be a god in India but apparently they're overstaffed.”

The statement takes an impossible scenario of applying for a job as a god and creates a humorous exaggeration, highlighting the ridiculousness of the situation. The use of satire is also evident in the comment about gods being overstaffed, implying that there are already too many gods in India, which is a commentary on the vast and varied Hindu pantheon. The humor in this statement lies in its absurdity, use of exaggeration, and satirical commentary.

Others joked about how Corona Devī fits into the larger Hindu pantheon, specifically her *darshan* (“worship”). Users questioned the type of offering that was allowed to be made to the Corona Devī. One user asked if “Remdisvir/plasma” would be offered at Corona Devī shrines. Remdisvir is an antiviral that was used to treat COVID-19 (National Institutes of Health 2022).

The humor in this text is a type of satire that uses irony and sarcasm to critique the current situation. The absurdity of the situation is highlighted through the use of humor, as it is seemingly eccentric that people would offer medicines as offerings to a deity. Furthermore, the text is satirical in that it points out the desperation and panic that the pandemic has caused, with people willing to try anything, even seeking divine

intervention to cure the virus. The humor here is used as a form of social commentary, highlighting the absurdity of the situation and the need for a more rational response to the pandemic.

## 5 Conclusions

Out of the 290 tweets that were analyzed, 190 of them were determined to be critical of the concept of the Corona Devī, and 97 were deemed to be in support. The results show that responses to novel pandemic goddesses in the modern age fall into categories that attribute the genesis of the goddess to external sources. Users that were critical of the Corona Devī used humor and sarcasm as ways of knowing and understanding the goddess, and attributed the creation of the goddess to political, caste, and economic agendas. Users that were supportive of the Corona Devī used similar themes of knowing the goddess, except they refrained from using humor and sarcasm. Users that supported the Corona Devī used a tone of respect and deference to the goddess. This, in a way, gives basis and value to her being.

Comparing this data analysis to our existing understanding of Śītalā Devī and Ola Devī proves a non-linear understanding of the etiology of pandemic goddesses. Rather being a straight transition from spiritual medicine to scientific medicine, the genesis of Corona Devī proves that encountering the unknown results in a discarding of scientific knowledge, and an immediate adoption of spiritual practices.

The criticisms aimed at Corona Devī indicate that many Indians today are adopting an approach that is reminiscent of the colonialists from the 1800s, who expressed their disdain towards devotees of Śītalā Devī and Ola Devī using sarcasm and disgust. Similarly, critics of Corona Devī have unconsciously adopted this approach. However, there are deeper and more complex criticisms that are intertwined with the

socio-political nature of this goddess. Corona Devī has mostly been dismissed as a political agenda by the BJP and a caste-based conspiracy to benefit privileged members of Indian society. Consequently, Corona Devī reflects Indian society's political and social stratifications and is indicative of how people in India perceive them. This is a perception that was mirrored in British colonial attitudes towards the cholera goddesses. As mentioned previously, British colonial officers often blamed specific castes in India as the reason behind the cholera goddess and were quick to stigmatize the entire religion as a result.

The impact of Westernization on Indian society is a complex and multi-faceted phenomenon. Western cultural practices are increasingly shaping the way Indian people think about a wide range of issues. This is particularly evident in the realm of social media, where platforms like Twitter are gaining in popularity and becoming an important means of communication and expression for people across India. As more and more Indians embrace social media, they are exposed to a range of ideas, values, and cultural practices that are often rooted in Western thought. This exposure is shaping the way Indians think about a wide range of issues, including how they view scientific knowledge and traditional cultural practices associated with pandemic goddesses. One of the ways in which this is evident is through the use of humor as a means of understanding the goddess. Humor is often associated with Western culture, and the fact that Indian Twitter users are using it to engage with the concept of Corona Devī suggests that they are adopting Western cultural practices and values.

However, it is important to note that the Corona Devī was only adopted by a small subset of the population and did not spread drastically to many parts of India. This is where the genesis of the goddess deviates from her sisterly counterparts, Śītalā Devī and Ola Devī. The development of scientific thought and its widespread acceptance by the world has severely impacted the creation of new religious thought. Therefore, devotees are pushed to either reject new deities outright, or to modify them to fit into their existing understanding of science.

### ***Theoretical and Practical Contributions***

In this study, I aimed to investigate how societal attitudes towards pandemic goddesses are changing in certain parts of India. Through my research, I found that as Western cultural influences continue to seep into more developed regions of India, there is a growing tendency among certain segments of the population to question and criticize traditional religious practices. This trend is particularly evident in the context of pandemic deities, which have long been venerated as powerful protectors against infectious diseases. What is interesting about this shift is that it represents a moment in history where we can observe the evolution of medicine and its relationship to spiritual practices. In the past, spiritual and religious beliefs often played a significant role in how individuals approached health and healing. However, with the rise of scientific medicine and advancements in medical technologies, there has been a gradual erosion of traditional spiritual practices in favor of more empirical approaches.

Through this study, we can gain insight into the complex interplay between culture, religion, and medicine, and how it is shaping the attitudes and behaviors of individuals in contemporary society. By examining the factors driving this shift and the implications it may have for health and well-being, we can better understand the broader socio-cultural forces that shape our beliefs and practices.

### *Limitations and Future Research*

Limitations in this study exist in the context of the number of Tweets that I was able to analyze. Future research would investigate the number of Tweets that can be analyzed. By increasing the amount of data, we will have a more holistic understanding of the nature of pandemic goddess thought. Further research can also be done using images that have been tweeted on the platform, to broaden the scope of the analysis. This will help us better understand public health in India's changing cultural and public health landscape.

### *Final Remarks*

In conclusion, through the analysis of these three goddesses, we find that the very existence of these pandemic deities serves as a method in which humans encounter the unknown. Specifically for the Indian subcontinent, pandemic goddesses are a method of “knowing” an infectious disease and provide an alternate method in which a disease can be combated. Although not rooted in scientific medicine, worship of pandemic goddesses



provides an avenue through which communities interpret public health. By studying illness goddesses, we can better understand the social and cultural contexts in which health and healing have been conceptualized.

Exploring illness goddesses can provide a broader perspective on the role of gender in healthcare. Many illness goddesses, as we have seen, are female, and the ways in which they are worshipped and portrayed can reflect societal attitudes towards women and their perceived roles in caregiving and healing. By examining these depictions, we can uncover the complex relationships between gender, power, and healthcare.

Finally, studying illness goddesses may offer a new lens through which to understand contemporary healthcare challenges. As the COVID-19 pandemic has highlighted, illness can have profound social and cultural impacts, from stigmatization and discrimination to changes in healthcare practices and policies. By examining how societies have historically conceptualized and responded to illness, we can gain new insights into the ways in which contemporary healthcare systems may be shaped by cultural, social, and political factors.

## 6 Acknowledgements

I would like to thank Dr. Jing Ge-Stadnyk, my advisor, for her substantial support in writing this paper. Her insight and lectures on content analysis and netnography proved invaluable in the writing of this paper. I would also like to thank Professor Aarti Sethi of the Anthropology Department, whose seminar on “How People Live With the Gods: Anthropological Investigations in Comparative Religion” inspired me to research this topic. Thank you for giving me the skills and abilities to conduct library research through your wonderful courses. I'd also like to thank the librarians of the University of California, Berkeley Library, particularly Jennifer Dorner and Ann Glusker, for their insights on the various Library Collections. Without their insight, I would have been lost in the vast amount of information that the University Library provides. And last, but certainly not least, I'd like to thank my parents and my friends for their tireless support and wonderful edits on this project.

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