

The Silent Grammar of Contagion: A Semiotic and Proxemic Analysis of Non-Verbal Health Communication in Sri Lankan Indigenous Epidemic Management

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ABSTRACT

In the past, the natives of Ceylon relied on natural and simple resources available at hand in their surroundings, villages, forests, streams and other places to fulfill their needs. During public health crises, the transmission of risk information is traditionally studied through verbal and textual mass media channels. However, rural societies with limited literacy or media infrastructure historically relied on highly sophisticated, non-verbal communication networks to manage infectious diseases. This paper analyzed the traditional epidemiological practices of rural Sri Lanka as a complex ecosystem of non-verbal communication. Typically, risk information communication during health crises is studied through oral and written media channels. However, rural societies with limited literacy or media infrastructure have historically used highly sophisticated nonverbal communication networks to manage infectious diseases. The aim of this research was to study the use of traditional disease control methods in rural societies in Sri Lanka as a complex environment for a non-verbal communication system. The research question addressed in this study is how rural non-verbal communication methods used as traditional health practices have adapted to the current society with the emergence of COVID-19 pandemic. Drawing on Charles Sanders Peirce's triadic theory of semiotics and Edward T. Hall's theory of proxemics, this study examines how plant objects (objectology), spatial arrangements (proxemics), and performance rituals function as silent risk-signaling systems.

The primary sources included the general public who uses local knowledge systems, while the secondary sources consisted of literature such as books and research articles. The analysis reveals that rural non-verbal communication had been effectively used in Sri Lankan households during the COVID pandemic for purposes such as disease prevention, disease transmission prevention, disinfection, and patient communication. Visual symbols such as coconut leaves (gok kola ran) or cohosh leaves (kohomba) placed near the entrance of houses (kadulla) are considered to have functioned as local visual advertising systems that enforced quarantine restrictions without verbal or written messages. Furthermore, this research maps the structural and spatial similarities between modern biomedical non-verbal signals such as quarantine signs, roadblocks, etc. and traditional local symbols. Finally, this study concludes that understanding these deeply rooted nonverbal cultural codes in rural societies is essential for designing culturally appropriate and practical current health communication strategies.

Keywords: Non-Verbal Communication, Semiotics, Proxemics, Indigenous Knowledge

INTRODUCTION

Although communication is often associated with only verbal or written language, in crisis and risk management situations, nonverbal signals often serve as a means of communication that elicits faster, more powerful, and more behavioral responses. Especially in the context of rapidly spreading epidemics, when verbal explanations or written notifications were not sufficient to immediately control the spread of infection, human societies developed complex nonverbal communication systems.

These methods served to disseminate risk, create biological boundaries, and control social behavior. This study highlights that epidemic management in the rural socio-cultural setting of Sri Lanka was primarily based on a “silent grammar of signs.” When highly contagious diseases such as chickenpox, mumps, and measles, popularly known as “God’s diseases” (Deiyange leda), emerged, an automated nonverbal protocol system was put into place in the villages. Despite the absence of digital media, printed newspapers, or modern mass media facilities, traditional rural socio-physical spaces were transformed into communicative environments, successfully managing public health crises.

This research moves away from the analysis of the biomedical properties of indigenous treatment methods and focuses on the “communicative mechanics” of those methods. It examines how elements of material culture, plant symbols, and spatial isolation functioned as nonverbal means of communication. The study explains that these methods functioned as effective communication systems for controlling social fear, raising awareness of risks, and instilling public health compliance with public health laws.

Problem Statement

Contemporary public health communication systems are primarily designed around literate and technologically mediated forms of information dissemination. Governments and health institutions typically rely on written advisories, televised announcements, websites, social media campaigns, posters, and official press briefings to communicate risk during epidemics and pandemics. These approaches assume that populations possess adequate literacy, media access, institutional trust, and familiarity with biomedical terminology. According to the Rathnayake (2023) covid virus was declared a pandemic by the World Health Organization on march 11, 2020. However, during crises such as the COVID-19 pandemic, these assumptions often proved ineffective in many rural and culturally traditional communities within the Global South.

In such contexts, communication breakdowns emerged not merely because of a lack of information, but because of semantic and cultural disconnection. Official health language was frequently perceived as distant, overly technical, or institutionally imposed. Messages delivered through centralized biomedical discourse often failed to resonate with local cultural frameworks and lived experiences. As a result, many communities responded with confusion, skepticism, resistance, or selective compliance. This demonstrates that effective crisis communication is not determined solely by the accuracy of information, but also by its cultural intelligibility and symbolic familiarity.

Although modern health systems have used several nonverbal warning mechanisms during COVID-19 such as quarantine signs, red-zone markings, warning tape, barriers, and limited-entry signs, these indicators have largely functioned as bureaucratic symbols rather than culturally embedded forms of communication. In many cases, such signals have inadvertently intensified social stigma, fear, and exclusion because they lack emotional and cultural integration with community traditions. Signals communicated danger, but they did not necessarily communicate collective responsibility, ritual familiarity, or social empathy. In contrast, traditional rural societies in Sri Lanka historically developed complex local systems of epidemic communication that were deeply rooted in local culture, symbolism, and spatial usage. These systems were botanical. These systems relied on nonverbal communication methods using botanical markers, ritual objects, environmental settings, and socially accepted spatial boundaries. For example, placing gokkola (young coconut leaves), kohomba (margosa branches), or other symbolic objects at the entrance of a house served as an immediate visual signal indicating contamination, quarantine, or restricted social interaction.

Importantly, these signs did not require a written explanation because their meanings were collectively understood through shared cultural memory. These traditional practices can therefore be understood not simply as superstitious rituals or folk customs, but as highly organized communication technologies embedded in community life. They regulated movement, controlled social interactions, reduced fear, and encouraged behavioral conformity through culturally accepted symbolic systems. In a symbolic sense, they functioned as signaling structures capable of encoding and transmitting public health information without verbal intervention. At the same time, in a proximate sense, they transformed physical space into a communicative boundary that disciplined social behavior. Despite their historical effectiveness, these indigenous communication systems have been significantly underexplored in the fields of communication studies, media studies, and public health discourse. The most existing scholarship on indigenous medicine in Sri Lanka focuses on the medicinal properties of ethnomedicine, Ayurveda, ritual healing, or herbal treatments. Very little attention has been paid to the communication architecture of these practices – in particular, how nonverbal signals function as decentralized information networks within rural societies.

Therefore, there is a significant research gap in understanding:

- how traditional nonverbal epidemic signals were structurally operationalized as communication systems
- how spatial arrangements and symbolic objects established quarantine boundaries and social regulation
- how communities collectively interpreted these signals without written or spoken instructions
- how such indigenous communication frameworks can inform more culturally adaptive and socially effective crisis communication strategies in contemporary public health contexts.

By addressing this gap, the study contributes not only to health communication scholarship, but also to broader discussions about semiotics, indigenous knowledge systems, risk communication, and culturally informed media practices. It argues that sustainable and effective public health communication in rural societies cannot rely solely on modern biomedical messaging but must also engage with historically embedded cultural signaling systems that communities already trust and understand

Research Questions

How did plant objects installed on household boundaries in traditional Sri Lankan villages function as visual symbolic signals to communicate public health risks?

How did the spatial arrangements of traditional solitary rituals (patthini desathiya) silently communicate biological boundaries to the (close) community?

How are there structural and conceptual convergences between modern biomedical nonverbal epidemic control interventions (roadblocks, quarantine announcements, etc.) and traditional indigenous nonverbal signaling formed?

Research Objectives

The objectives of the research were threefold:

- To identify and semiotically interpret nonverbal object symbols used to communicate household infection and risk levels in rural societies in Sri Lanka.
- To analyze the spatial and intimate dimensions of traditional quarantine practices and resource management during epidemics.
- To construct a comparative matrix that illustrates the structural convergence between indigenous nonverbal signaling systems and modern Western public health protocol.

THEORETICAL FRAMEWORK

Triangular Semiotic Theory (Charles Sanders Peirce)

According to Charles Sanders Peirce, a sign is a structure consisting of three interconnected basic elements: the Representamen (the physical symbol or visual image), the Object (the reality or object that the symbol represents), and the Interpretant (the mental interpretation created in society). This study analyzed traditional plant symbols not as ordinary decorative objects, but as functional communicative symbols.

- Representamen = A branch of kohomba or a rope of gok leaves hung at the entrance of a house.
- Object = An active and contagious viral infection present in the house.
- Interpretant = The perception of “risk” that arises in society upon seeing the symbol, which leads to behavioral changes such as avoidance, distancing, and isolation in people.

Furthermore, these signs are also analyzed according to Peirce's second trichotomy. Accordingly, these signs are:

- Indexical signs — signs that have a direct or causal relationship with the infection,
- Symbolic signs — symbols that represent culturally learned quarantine rules and behavior patterns by society.

Proxemics

The concept of proxemics, introduced by Edward T. Hall, was used to explain how people use physical space as a culturally meaningful communication system. According to Hall, space is not just a physical environment, but a symbolic and social structure that governs social relations, power, intimacy, vulnerability, and behavioral expectations. Thus, distance, boundary, movement, and spatial organization all become forms of communication. Hall therefore defines proxemics as “the human use of space as a specific expression of culture.” This study uses Hall’s theory to analyze how physical space was transformed into a “silent public health communication system” during epidemics in traditional rural societies in Sri Lanka. Rather than relying solely on verbal instructions or written announcements, rural communities encoded information about disease, infection, and social boundaries through the organization of domestic and public spaces. Thus, space itself served as a medium of communication. Although Hall classified proxemics into several types of behaviors, two concepts that are particularly relevant to this research are Fixed-feature space and Informal space.

Fixed-feature Space

According to Hall, fixed-feature space is defined as fixed and physically immobile spatial structures such as houses, walls, roads, gates, villages, wells, temples, and geographical boundaries. These spaces determine who can enter, who must remain outside, and how movement within a society is controlled. Epidemic management in traditional villages in Sri Lanka often relied on the use of these fixed spatial structures. During outbreaks of infectious diseases such as smallpox or measles, the household itself became a “symbolic epidemic zone.” The entrance to the house (Kadulla) served as a symbolic boundary separating the infected interior from the healthy exterior. By placing plant symbols such as gok leaves or kohomba branches at this boundary, the entrance to the house was transformed into a visual warning interface. It is important to note that this domestic boundary not only marked a place, but also communicated social instructions. Without any verbal explanation, this gate conveyed the following messages to outsiders that:

- a contagious disease was present in the house,
- unnecessary entry should be avoided,
- social contact should be minimized,
- and ritual and behavioral protection measures should be followed.

Thus, the domestic space itself functioned as a decentralized quarantine mechanism embedded within the village geography. Similarly, common resources such as wells, bathing places, tanks, and village roads were also spatially controlled during epidemics. Some roads were temporarily removed from use, and infected families were informally segregated from public gathering places. These practices created invisible but socially accepted “epidemiological maps” within the village.

Thus, it is clear that fixed-feature space was not just a physical infrastructure, but also it functioned as a nonverbal public health control system.

Informal Space

Hall's concept of informal space refers to the distance between people and spatial behaviors that are not socially negotiated. Unlike fixed-feature space, informal space is behavioral and flexible. It includes how close people are to each other, how physical contact is managed, and how social distance varies depending on risk. This concept takes on special significance during epidemics, as infectious diseases transform ordinary social proximity into a biological threat. It appears that traditional villages in Sri Lanka naturally understood this concept even before the emergence of modern epidemiology.

When a household was marked as infected, villagers changed their daily social behaviors. They avoided direct physical contact, minimized house visits, reduced participation in common rituals, and maintained greater distance from infected families. Importantly, these distancing behaviors were not only enforced by legal constraints, but also by shared cultural-spatial understandings within the community. In this sense, informal space acted as a “silent custodian of behavior.” Society collectively interpreted distance as a protective measure. The absence of physical proximity itself became a form of communication.

For example:

- refraining from entering a marked home as an acceptance of infection,
- maintaining distance in conversation as a communication of attention and concern,
- limiting eating together or gatherings as a reduction in social proximity,
- and temporary social distancing as a respect for quarantine rules.

This approach bears a close resemblance to the modern public health concept of “social distancing.” However, in traditional villages, this distance was not symbolized by a biomedically based terminology, but by ritual, collective memory, and spatial culture.

This study argues that traditional epidemic management in Sri Lanka was a highly sophisticated form of “spatial coding”. Without written symbols, mass media or centralized surveillance systems, health information were communicated through spatial arrangements. Biohazards were translated into visible spatial patterns, which the community immediately understood and followed.

According to Hall's proxemic framework, the epidemic space in the village can be described as a communicative structure consisting of the following elements:

- Boundaries (inside/outside),
- Distances (safe/unsafe proximity),
- Movement control (restricted access),
- Terrain coding (infected and unsafe zones).

Accordingly, it seems that traditional villages created “bio-social maps” that organized collective behavior during health crises. Although these maps were not written, they were deeply understood in the cultural practices of the society. This study further suggests that modern epidemic control measures operate on similar proxemic principles. Quarantine zones, lockdowns, isolation wards, roadblocks, floor distancing markers, and entry restriction notices all rely on the communicative power of space. However, because they did not develop naturally within the culture like traditional systems, modern spatial control systems risk lacking cultural familiarity and sensitive meanings in rural societies. Therefore, by analyzing traditional epidemic methods in

Sri Lanka through Hall's proxemic theory, this study shows that effective public health communication is not just verbal messages.

METHODOLOGY

This paper adopts a qualitative, interpretive approach using cultural symbolic decoding and comparative text-historical analysis. Primary source materials are drawn from recorded socio-cultural practices of traditional Sri Lankan rural life, with a particular focus on documented responses to historical epidemics and their subsequent adaptations during the COVID-19 pandemic. The cultural data collected was systematically decoded and categorized through a nonverbal communication lens as below.

- Artificial communication (objectology): material culture used as signals.
- Proxemic communication (spatial coding): geographical and architectural separation.
- Kinematic/Performance communication: silent body language and gestural patterns in ritual contexts.

FINDINGS AND DISCUSSION

Artifactual Communication: The Semiotics of the "Kadulla" (Gateway)

In traditional Sri Lankan rural architecture, kadulla (the gate separating a private domestic compound from the public village roads) served as the primary media channel or "broadcasting dashboard" for the household. When a contagious disease entered a household, verbal announcements were prohibited to the family to prevent mass panic. Instead, they modified the artefact landscape of kadulla using specific botanical elements.

When diseases such as smallpox, measles, or other epidemics struck a household, direct verbal announcements to neighbors were often discouraged. Public announcements risked instilling fear, stigma, and unnecessary panic in tightly knit village communities. Instead, villagers relied on a sophisticated visual language embedded in the landscape of hut artifacts.

Specific botanical elements were deliberately displayed at the entrance to signal the presence of disease and to deter outsiders from entering the premises. Branches of medicinal or ceremonially important plants such as Kohomba (*Azadirachta indica*, Neem) were tied to the gate or placed prominently near the entrance. In Sinhala folk beliefs and local medical traditions, Neem had both protective and purifying properties.

Its presence served as a silent warning that the home was under quarantine and simultaneously invoked spiritual and medicinal protection against the spread of disease.

These botanical signs functioned as non-verbal signals that were collectively understood by members of the community. Their meanings were learned through participation in village life and were transmitted across generations as part of shared cultural knowledge. The effectiveness of this system depended on a common interpretive framework: villagers immediately recognized the visual code and adjusted their behavior, accordingly, maintaining physical distance, postponing visits, and providing assistance through indirect means when needed.

George (2012) explains the global trend going back to nature to the revival of the traditional holistic methods of medicine against artificial. From the perspective of communication studies, this practice demonstrates an indigenous form of risk communication rooted in material culture. The stilt served as a decentralized public information medium that transmitted emergency health messages without the need for spoken language, written notices, or institutional intervention. It illustrates how architecture, landscape, and botanical symbolism intersect to create a community-based information network that can regulate social behavior in times of crisis.

Furthermore, these practices reveal the close relationship between ecological knowledge and communication in traditional Sri Lankan society. Plants were not simply biological resources; they were symbolic instruments that carried social meanings. The transformation of the stele through botanical symbols represented an adaptive strategy that developed through collective experiences with disease outbreaks.

Long before the emergence of modern public health campaigns, rural communities had established culturally embedded mechanisms for disease notification, quarantine management, and community safety. Therefore, the traditional Sri Lankan kadulla can be understood not only as an architectural feature but also as an early communication technology. Its use during times of pandemics exemplifies how indigenous societies used symbolic artifacts to disseminate critical information, preserve social order, and protect community well-being through a shared visual vocabulary based on local ecological knowledge.

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Gok Kola Rän (Strings of Tender Coconut Leaves)

The woven strip hung horizontally across the hammock mentioned here is not just an ordinary physical object but it also functions as a communicative symbol that carries special meaning in the village cultural context. In the rural society, when a house was afflicted with a divine disease (for example, diseases thought to be associated with divine blessings or divine wrath such as chickenpox or measles), there was a custom of hanging a special woven leaf strip or branch symbol on the doorpost of that house. Anyone who saw this symbol could immediately understand that there was a disease in that house and should not enter it unnecessarily.

From a semiotic perspective, this strip functions as a symbolic sign. That is, the woven strip does not inherently have the meaning of “disease.” However, due to a social and cultural consensus among the villagers, it represents the message “Here is a disease of God.” Its meaning derives not from its physical nature, but from the interpretation assigned to it by society.

The importance of this sign is that it functioned as a form of non-verbal communication. No one needed to come out of the house to warn as the sign itself conveyed the message. Therefore, it can be considered a silent but powerful communication method that was implemented throughout the village.

Furthermore, this sign also served a health protection purpose. People avoided entering the house or were careful when entering it to prevent the spread of the disease. Therefore, this can also be referred to as an informal public health warning that was implemented in the community.

Accordingly, the woven strip hung on the hammock functioned as:

- a visual symbol that informed the presence of a disease,
- a means of wordless communication,
- a symbolic sign based on the cultural consensus of the village people, and
- a social warning that helped control the spread of the disease.

Therefore, the message that the strip silently conveyed was: “This house is a restricted area, not open to normal social contact, requiring special attention.”

Kohomba Branch (Neem/Margosa Leaf Branch)

Since ancient times, people had faith that the kohomba plant had medicinal properties. Sri Lankan ayurveda practices can be identified as a unique heritage with its authentic treatment methods. They have been passed down from generation to generation as a family tradition known as paramparika hela wedakama (Binari, 2022). The leaves, bark, and fumes from burnt kohomba leaves were considered to have the ability to purify the air, repel insects, and reduce the effects of pathogens. Therefore, it was also used as part of a practical health care system.

However, from a semiotic perspective, the main significance of the kohomba branch lies in its function as an indexical sign. An indexical sign is a sign that has a direct relationship with an event, situation, or object. For instance, smoke indicates that there is a fire, and dark clouds indicate that rain may fall.

Similarly, seeing a kohomba branch at the entrance of a house directly indicated that there was a disease or restrictive condition in that house.

When the villagers saw the kohomba branch, they read it not simply as a branch of a tree, but as a warning with meanings such as “There is a disease present here”, “Be careful when entering” and “Do not enter unnecessarily”. Therefore, this sign was able to convey important information to the society without using words.

Visually, the nature of the kohomba branch also reinforced this message. Due to its dark green color, popular knowledge of its bitter taste, and cultural concepts of medicinal properties, kohomba was associated with health, illness, and protection. Therefore, the sight of kohomba leaves hanging on a door created a mental impression that there was something unusual and worthy of attention inside the house.

Thus, the kohomba branch served the following communicative functions:

- Acting as a warning
- Providing an indicator of illness
- Helping to prevent the spread of infectious diseases
- Acting as a non-verbal visual communication method

Accordingly, the kohomba branch installed at the door is not just a part of a medicinal plant but also a symbolic communication device that functions as an indexical sign that connects public health protection, cultural beliefs, and visual communication in the rural society.

Turmeric Water

Sprinkling of turmeric-infused water (yellow water)

In rural Sri Lankan society, sprinkling turmeric water at the threshold, yard or entrance of a house was a common traditional practice during times of contagious diseases such as dengue fever. This practice had religious, health and communicative meanings at the same time. Many ayurvedic herbs and medicines can potentially increase immunity to prevent and aid in recovery from viral illnesses (Perera, Jayasinghe, Nanayakkara and Mahaliyanaarachchi, 2023). According to traditional beliefs, turmeric is a substance that represents purity, protection and auspiciousness. People also believed that turmeric had antibiotic and antimicrobial properties.

Therefore, there was a concept of reducing the effects of pathogens and creating a safe environment by spraying and sprinkling yellow water. However, in a semiotic analysis, the importance of yellow water lies in its function as a visual bio-barrier. That is, although it was not an actual wall or fence, it created a visual boundary.

When a person approaching a house saw the threshold stained yellow, it was understood that the place was an area that required special attention, rather than a normal passageway. In this sense, the yellow water acted as a non-verbal communicative marker. No one had to say verbally "Don't come in" or "There is a patient here." The yellow water itself conveyed the message. It was a silent but socially accepted warning.

Semantically, the threshold sprinkled with yellow water created a boundary zone. It was not only a physical boundary between the inside and outside of the house, but also a symbolic boundary.

- The inner space – represented illness, impurity, or a state requiring special protection.
- The outer space – represented normal social life and a safe environment.
- The yellow water on the threshold – acted as a liminal boundary separating these two spaces.

Anthropologically, this is the creation of a liminal space. That is, before a person enters a house, it functioned as a symbolic boundary that reminds them that they are entering into a special space from an ordinary space. Also, since the color yellow has many religious and protective meanings in Sri Lankan culture, this visual sign automatically evokes a sense of care, respect, and caution in people.

Accordingly, the sprinkling of yellow water at the threshold can be understood as a

- visual bio-barrier,
- non-verbal warning system,
- symbolic boundary marker between clean and polluted spaces,
- cultural communication system that controls social behavior, and
- a local public health communication device used to control the spread of disease.

Proxemics and Spatial Coding: Breaking the Chain of Contagion

Proxemic Communication and Spatial Coding: Breaking the Chain of Contagion

In traditional Sri Lankan society, methods used to control infectious diseases were often based not only on medical knowledge, but also on cultural understandings of space and social distance. This process is known in communication studies as proxemic communication. It is a concept that analyzes how people use space and how distance communicates meanings and social behaviors.

According to the Rathnayake (2023) Covid 19 pandemic was remarkable in cross cultural studies that they are presented in such a way that they can be read as a whole not only for one linguistic society, but also for people with linguistic diversity in accordance with the different religious roots of society. Proxemics theory, introduced by American anthropologist Edward T. Hall, the physical distance between people communicates social meanings. This concept can also be seen in practice in traditional Sri Lankan villages, during times of infectious diseases.

Reinterpreting the home as a “restricted space”

When a house was plagued by a disease, the home was temporarily transformed from a normal social space into a restricted space by society.

Signs such as woven strips, kohomba branches, and yellow water hung from the doorposts created a visual “invisible fence” around the house. Although this fence was not a physical barrier, it acted as a social and psychological barrier.

Spatial coding is the process of assigning special meanings to different places.

In a house with a disease, space was coded as follows:

- The area outside the yard – the safe, normal social space.

- The door and threshold – the transition zone of warning.
- Inside the house – the area where the sick was, requiring special protection.

Thus, people in the society changed their behavior in relation to those spaces. It was not a written law, but a socially accepted code system.

Communication through distance similar concept to what we call “social distancing” today was seen in villages back then.

People visiting homes

- did not enter through the gate
- spoke to household members from a distance
- minimized physical contact when exchanging goods and
- stopped unnecessary travel.

Here, "staying apart" was a message communicated not through words, but through the use of space. It conveyed the social meaning of "we are not rejecting you, but we are staying apart to prevent the spread of the disease."

The role of architectural structures, the architectural elements of traditional village houses also supported this process.

- The wicket – the boundary separating the outside and the inside.
- The courtyard – the neutral space where communication could be carried out at a safe distance.
- The porch or front veranda – a buffer zone between guests and the household.
- The threshold – the symbolic point of spatial boundary.

Although these structures were not designed for disease control, they became efficient communication tools for public health protection during times of disease.

The role of communication in breaking the chain of transmission

All these symbols, boundaries, and spatial codes worked together to control people's behavior. As a result:

- Close contact between people was reduced
- Unnecessary travel was limited
- Contact between sick and healthy people was reduced
- Helped break the chain of disease spread

Patthini Desathiya (14-day spatial isolation)

Patthini Desathiya is an important health and cultural practice in traditional Sri Lankan society for a person who has contracted a contagious disease. "Desathiya" means a period of fourteen days, during which the patient was temporarily isolated from social life.

Although this was believed to be an act of seeking the protection and patronage of Goddess Patthini, from a communication and public health perspective, it could be described as a highly organized form of quarantine.

Isolation and Spatial Organization

The patient was removed from the normal living area of the house and placed in a small hut, outbuilding, or temporary shelter called a pila outside the house. Here, not only the patient's body but also his or her social space was transferred to a separate space. In terms of spatial coding, the territory of the house was divided into several zones:

- Main house – the zone of healthy members
- Middle space – a buffer zone used for limited contact
- Pila or isolation hut – the zone of the sick

This separation sent a clear message to the society: "This person is temporarily removed from normal social contact."

According to proxemics theory, physical distance between people communicates meaning. This distance served a health-care function during the Pattini fortnight. Since the patient's room was separate from the main house, family members did not need to be instructed verbally. The spatial arrangement itself gave them the message, "Be considerate of this person, but do not be physically close." Thus, distance itself became a means of communication.

The Pila: A Visual Warning

The isolated hut or Pila was not only a shelter, but also a visual communication sign. Anyone in the village could see it and understand that a patient had been isolated there. In a semiotic analysis, the Pila functions as an Indexical Sign. That is, it is a sign that has a direct relationship with the presence of the patient and the risk of contagion. Just as smoke indicates a fire, the Pila indicates the presence of a disease. Therefore, upon seeing the plague, people automatically stayed away from the area, avoided unnecessary contact, did not send children to the area and maintained social distancing.

Temporary removal from the social zone

Anthropologically, as the patient became a "sick person", his social status also temporarily changed. He entered a liminal state, separated from normal household life. During that time, he did not fulfill normal social roles, did not participate in normal family activities and lived under special rules and restrictions. At the end of the 14 days, the patient was re-integrated into the family and society, which can be considered a process of social "reintegration". In the language of modern health science, the Pattini Desatiya was a local isolation method used to break the chain of disease transmission. It served the purposes such as maintaining distance between the sick and healthy people, minimizing contact, reducing the spread of infectious diseases and regulating social behavior.

Proxemics of Shared Resources (Proxemics of Shared Resources)

Traditional Sri Lankan village life was largely based on common resources (commons). Rivers, canals, public wells, ponds, tanks and waterways were shared spaces that were used by the entire community. These places were essential for collecting, fetching water, washing clothes, preparing food and other social activities. When a contagious disease was present in a household, there was a ritualistic tradition of temporarily prohibiting members of that household from using these common water sources. This was not just a simple health rule, but a social protection mechanism based on spatial regulation and proxemic communication.

Common Water Sources as "Communal Zones"

From a semiological and communicative perspective, village water sources were not simply physical locations. They were interpreted by society as "Shared Communal Zones". The special characteristics of such zones were:

- Accessibility to all members of the village
- Constant contact between different families
- Increased potential for disease transmission
- Being centers of social contact

Therefore, these places can also be considered "high-risk contact zones" within the society.

Health protection as a spatial prohibition The moment a house displayed signs of infection such as cobwebs, stump marks, or yellow water, members of that house had to stop using public wells, rivers, or pools.

The important point here is that no police or official agency was needed to enforce this law. The mere sight of the signs on the entrance sent the following message to the entire village: "This house is temporarily removed from the use of public resources." This is a wordless but socially powerful statement.

The Function of Proxemic Communication

According to proxemic theory, society uses space to control the movement and access of people. According to it, the sick house represented a zone of restriction; the common well, a zone to be protected; the river, the center of community life; and the shack, a space where encounters and interactions took place. Therefore, by removing the sick family members from these spaces, social distance and resource protection were achieved simultaneously.

The Symbolic Meaning of Water

In Sri Lankan folk culture, water was not simply a physical resource. It was a symbol of purity, a fundamental source of life, a center of social cohesion and an element associated with religious purity. Therefore, by separating a sick house from public water sources, the community was also In traditional Sri Lankan villages, public water sources were socially coded as "common zones", and a form of proxemic communication was implemented by temporarily removing a household with an infectious disease from these zones. This spatial boundary system regulated resource use, gave the community confidence that the public water supply was safe, and acted as a local public health mechanism that contributed to reducing the spread of infectious diseases by controlling social behavior.

Structural Convergence: Traditional and Modern Nonverbal Health Communication

The concept of "structural convergence" here refers to the fact that, although traditional Sri Lankan society and modern biomedical health systems are built on completely different knowledge bases, the communication structures, spatial constraints, and behavioral regulation methods they used to control infectious diseases are largely similar. This makes sense, as both traditional folk wisdom and modern scientific public health methods ultimately find similar solutions to the same social problem "How do we prevent the spread of infectious diseases?"

Gok Kola Ran and Quarantine Signs

In traditional villages, when a house was in danger of being struck by a disease, a Gok Kola Ran or special signs were hung on the doorknob. During COVID-19, if a house was under quarantine, signs or stickers were used that read:

- "HOME QUARANTINE"
- "SELF ISOLATION"
- "COVID RISK AREA"

The main communication function of both signs is the same: "There is a risk of infection in this place; avoid unnecessary entry." The only difference is that one uses folk cultural symbols, while the other uses written and official signs.

Bamboo poles and police barriers A bamboo pole or a milkweed pole was placed at a gate, road or entrance to discourage entry. symbolically saying: "Water, the fundamental resource of public life, must be protected."

Public Health Meaning

In the language of modern public health, this tradition can be interpreted as Risk Management and Community Resource Protection. This method minimized contact between sick and healthy people, reduced crowding in public water sources, promoted an organized response rather than fear in the community and health protection could be maintained based on rules agreed upon by the community. During the COVID-19 pandemic, this function was fulfilled by police roadblocks, warning tapes, plastic barriers and closed area signs. both symbols act as visual boundary markers. That is, they non-verbally communicate the message "Proceedings from here on out are restricted."

Pattini Desatiya and Modern Quarantine

A striking similarity can be observed between the traditional Pattini Desatiya and modern quarantine methods. In the traditional method, the patient was isolated for 14 days, social contact was limited and the patient was kept in a separate space. Similarly, during the COVID-19 pandemic, the patient went through a 14 - day quarantine period, was kept in a separate room or centre and the contacts of the patient were traced. It shows that both methods use the same principle of artificially breaking the period of social contact required for the virus to pass to another person. Therefore, this can be called disease control using space and time.

Turmeric liquid and hand sanitizer stations

In traditional villages sprinkling Turmeric liquid at the threshold and marking areas with Turmeric liquid took place. During the COVID-19 pandemic hand sanitizer stations, disinfectant sprays and decontamination chambers were used. The function of both here is to show that "This place is a health protection boundary; a cleaning process must be followed when passing through it."

- This convergence shows that traditional practices were not entirely unscientific, but rather embodied a practical public health rationale built on observation, experience, and ancestral knowledge."
- While the villagers had no knowledge of viruses, microbiology and germ theory they had observed that disease spreads when sick people live in close proximity, risks increase during water-related activities and disease decreases when sick people are isolated.

Based on those experiences, they created social rules, rituals, and nonverbal communication systems.

CONCLUSION

The main conclusion of this research is that the methods used to control infectious diseases in the indigenous knowledge system of Sri Lanka were not just simple religious rituals or folk beliefs but they also functioned as a highly organized non-verbal communication system. The uniqueness of this system was that it did not require written announcements, state newspapers, radio or digital media to transmit health messages to the public.

Instead, public health messages were distributed very efficiently using socially recognized symbols, spatial boundaries, and cultural rituals.

The communicative power of the local knowledge system was expressed through the following elements;

- Botanical Objects / Objectics — things like kohomba branches, milk branches, gok kola leaves, yellow water.
- Domestic Boundaries — limiting places like wickets, thresholds, gates.
- Proxemic Regulation — isolation, maintaining distance, limiting access to public places.

All of these together created a communication matrix.

For example, a villager, upon seeing a kohomba branch and yellow water in a house, immediately understood that:

- there was a sick person there,
- the house should not be entered and
- one should act from a distance.

This message did not require reading or special education to understand. It was based on a system of meanings shared by all, culturally. People were living in a society in which they police force or legal punishment to was not necessary to comply with health laws.

For example:

- People automatically distanced themselves when they saw a kohomba branch.
- The patient was isolated from society during the Pattini fortnight.
- The use of public wells was temporarily stopped.

These behaviors were not due to state coercion, but rather due to social trust and cultural consensus. Therefore, the level of "compliance" required for public health control in rural society was very high. Limitations of Modern Health Communication Today, health organizations often communicate with the public through:

- Long written announcements,
- Technical medical language,
- Websites,
- SMS messages,
- Social media campaigns,

But these methods do not work equally well for all population groups. In particular, for:

- Older people,
- Communities with low literacy levels,
- People in rural areas,

These messages can sometimes feel distant, technical, or disconnected. According to the communication theory, people respond to a message when it is connected to their own cultural experiences.

Community-based communication Messages should be transmitted not only through government institutions, but also through:

- Temples,
- Devalayas,
- Village leaders,
- Community organizations,

Increasing Visual Communication In addition to written instructions, consistency can be increased by using:

- Images,
- Symbols,
- Colors,
- Spatial markers.

Respecting local knowledge This does not mean that all traditional practices are scientifically correct. However, studying the communication and social control mechanisms embedded in them can make new health programs more successful.

Key Recommendations for Health Communication Design-

Semantic co-creation: Public health campaigns targeting rural areas should incorporate traditional, highly recognizable symbols (such as the colors and shapes associated with gok leaves or kohomba) into modern educational pamphlets, digital graphics, and warning posters to reduce psychological resistance.

This concept is based on the idea that the meaning of a message is not created solely by the sender but is constructed in conjunction with the cultural experiences and beliefs of the recipient. Modern health institutions often use visual symbols such as:

- red warning signs,
- images of viruses,
- photos of people in medical gowns and
- technical words.

But for rural people, these symbols can sometimes seem unfamiliar, scary, or distant. Therefore, when designing public health posters, leaflets or digital graphics, if local symbols such as:

- The shapes of kohomba leaves,
- Gok leaf patterns,
- The color yellow,
- The symbolic forms of the stilts, are included, the message will feel more familiar and acceptable to the people.

For example, during the COVID-19 period, instead of simply using a message such as “Quarantine is mandatory,” a message such as “Stay separate for 14 days to protect your family, as in the tradition of the Patthini fortnight,” may have been more familiar and acceptable to the community. Therefore, the message, “Like a mother’s fortnight, temporarily separate yourself to protect your loved ones,” may be more culturally acceptable than, “You should go into quarantine.” This gives a local meaning to a modern health practice.

All recommendations are related to the same principle: The success of public health communication is determined not only by scientific accuracy, but also by how well the message resonates with people’s cultural memory, local symbol systems, and daily life experiences.

Accordingly, the best model for future health campaigns is the integration of “science + culture.” Science provides the accuracy of the message, while culture gives the message social meaning, credibility, and coherence.

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