

## **Communication of Digital Crowdfunding as a Social Behavioral Change: Systematic Literature Review of Health-Based Crowdfunding in Indonesia**

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### **Abstract**

Health crowdfunding through digital platforms is now a major social trend in Indonesia. But how these practices correlate with Social and Behavioral Change Communication (SBCC) theories is still not widely explored. This study aims to explore the role of digital health crowdfunding within SBCC and social service delivery, especially in the Indonesian context. We used a systematic literature review method based on the PRISMA 2020 guidelines. We analyzed 45 articles published between 2015 and 2024, covering key theoretical texts on SBCC, crowdfunding, and empirical research. The findings show that Indonesian crowdfunding websites like Kitabisa.com already incorporate SBCC elements. These include agenda-setting, social norms activism, community involvement, and trust-based persuasion. This study shows a clear convergence between SBCC strategies and crowdfunding techniques. However, we also note several challenges like donor fatigue, inequality, and risks to vulnerable communities. Finally, we developed an integrated theoretical model. This model works as a

heuristic tool rather than an empirical framework, which is the main theoretical contribution of this paper.

**Keywords:** *Digital Crowdfunding; SBCC; Health Communication; Indonesia; Systematic Literature Review*

## **1. Introduction**

Indonesia has one of the fastest-growing environments for digital philanthropy today. By 2023, more than 80 million Indonesian people were active in online fundraising. Platforms like Kitabisa.com have collected over IDR 4 trillion for various projects. A huge part of these funds goes directly to health-related needs (Kitabisa, 2023; Rosenberg et al., 2022). This boom in health-focused digital fundraising happens because of structural deficiencies in national health funding. These gaps heavily affect marginalized groups, especially in rural areas. They often cannot access official health services properly.

Even though this issue is very empirical, academic literature still views crowdfunding mostly from economic and finance perspectives. Most studies only focus on pledge-making, campaign success rates, or platform designs (Mollick, 2014; Belleflamme et al., 2014). Scholars give very little attention to the communicative side of crowdfunding as a phenomenon of social and behavioral change.

On the other hand, SBCC is known as a set of evidence-based interventions. It uses strategic communication to change health behaviors at the individual or community levels. But, this scholarship has evolved separately from crowdfunding studies (USAID, 2020; Waisbord, 2014; Solihin et al., 2022). There is a conceptual gap between these two disciplines. This is ironic because crowdfunding platforms actually have great communicative potential. They use narrative persuasion, social norm cueing, trust mobilization, and community engagement. All of these elements match the main ideas of SBCC.

Past literature reviews have discussed digital philanthropy (Kenney-Lazar et al., 2021), platform economies (Srnicsek, 2017), and SBCC in developing countries (Wakefield et al., 2010; Waisbord, 2014; Solihin et al., 2023). However, no review has offered a theory on how SBCC applies to health crowdfunding. Research on the theoretical convergence between these two fields is still very limited, especially for health crowdfunding in Indonesia.

This gap limits our understanding. We fail to see how crowdfunding platforms can work as communication tools to drive behavior change, not just for raising money. Therefore, we need a

systematic synthesis to clarify this relationship and find its implications for health communication theory (and practice).

This article addresses that specific gap. We use a systematic literature review with three main objectives: (1) To identify and categorize the SBCC dimensions in digital health crowdfunding campaigns in Indonesia; (2) To analyze how crowdfunding platforms act as social communication channels that change health behaviors; and (3) To propose a provisional integrative heuristic model that maps crowdfunding mechanisms into SBCC pathways for future empirical validation.

We prioritize Indonesia for several reasons. First, Indonesia is one of the biggest crowdfunding markets in Southeast Asia. Health campaigns make up around 30% to 40% of the total activities on platforms (Kitabisa, 2023). Second, Indonesia has strong collectivist cultural values, especially *gotong royong* (mutual cooperation). This cultural factor strengthens community-based communication strategies, which are core to SBCC. Third, the country has uneven digital infrastructure and fragmented health systems. This situation makes crowdfunding very important as an alternative way to deliver social services (Riyadi & Hartanto, 2022).

For clarity, we define key terms here. "Digital health social services" means health-related social support through digital platforms. "Social service delivery" refers to how welfare and health support are distributed to target populations using institutional channels (Fahmi et al., 2021).

This article follows the standard INJECT journal structure. Section 2 explains methodology, Section 3 shows results, Section 4 is the discussion, and Section 5 gives the conclusion.

The impact of this study goes beyond theory. In reality, using digital tech for community engagement, disease prevention, and health literacy is very common now among health practitioners and government bodies in Indonesia. Using crowdfunding sites to spread health messages has big potential. It is effective and relatively cheap. If we ignore this, we fail to use existing resources efficiently. However, we cannot ignore the structural inequalities of these sites. If we do, we might worsen inequalities and fail to help the communities that need it most.

Past interdisciplinary efforts to connect health communication and digital philanthropy are mostly just descriptive case studies or simple ethnographies (Kenney-Lazar et al., 2021). No systematic synthesis applies the full framework of SBCC theory, like its multiple channels, behavioral determinants, and ecological levels, to the mechanics of crowdfunding platforms. This article fills that gap. We use a rigorous and transparent systematic review based on PRISMA 2020 standards. We

propose an integrative model explicitly framed as a heuristic tool for future research, not a definitive final claim.

## **2. Method**

This study uses a Systematic Literature Review (SLR) guided by the PRISMA 2020 framework (Page et al., 2021). An SLR is the best choice because our main objective is to synthesize existing theoretical and empirical knowledge. We are not generating new primary data here. This approach matches established SLR practices in the health communication field (Bowen, 2009; Fink, 2019).

### **2.1. Search Strategy and Database Selection**

We ran a structured literature search through three main databases: Google Scholar, Scopus, and EBSCO Academic Search Complete. We included Google Scholar to find Indonesian-language publications and grey literature from Indonesian university libraries. However, all papers went through the same strict quality checks. We know that Google Scholar can bring publication bias because it has non-peer-reviewed papers (Haddaway et al., 2015). Our search keywords combination was: (crowdfunding OR digital fundraising) AND (health OR SBCC) AND (Indonesia OR LMIC). We finished this search process in June 2024.

### **2.2. Inclusion and Exclusion Criteria**

The inclusion criteria for this study were: (a) peer-reviewed journal articles or book chapters published between 2015 and 2024; (b) research discussing digital crowdfunding, health communication, SBCC, or social services; (c) academic studies focused on empirical or theoretical aspects of LMICs, Indonesia, or similar settings; (d) literature written in English or the Indonesian language. Some classic theoretical works published before 2015 (like (Bandura, 2004; Freire, 1970) were also included. We did this only when they were directly referenced within the theoretical framework and rationale, following common SLR conventions (Grant & Booth, 2009).

The exclusion criteria were: (a) papers focused strictly on commercial or financial crowdfunding; (b) grey literature with no organizational affiliation; (c) duplicate papers; (d) papers that were inaccessible.

### **2.3. Selection Process and Quality Appraisal**

Our initial search across databases found 312 sources. After removing duplicates (n=47), we had 265 sources to screen by title and abstract. From there, 198 papers were rejected because they did not match our inclusion criteria. This left us with 67 sources for full-text review. During the full-text review, we excluded another 22 sources: 15 were out of scope, and 7 had poor methodological clarity. In the end, we selected a

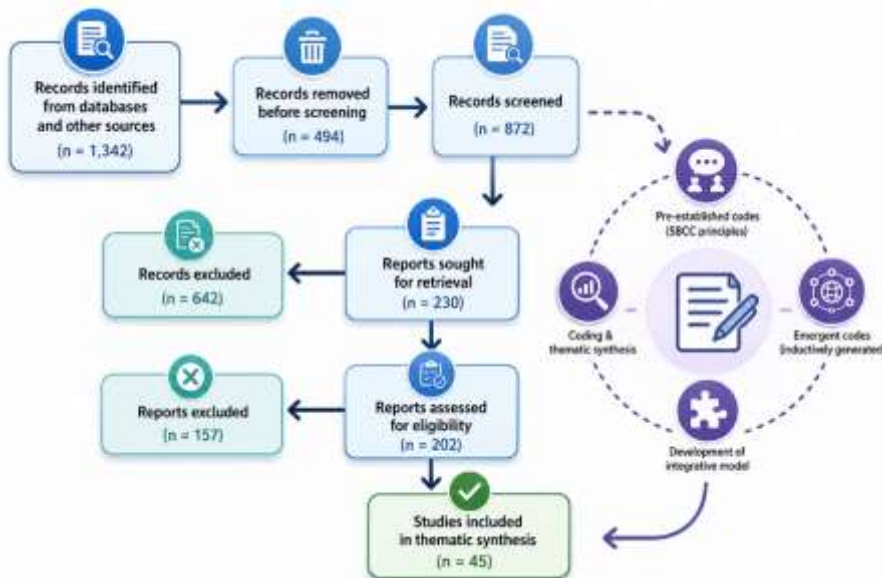
final corpus of 45 sources. This whole selection process is illustrated in Figure 1 (PRISMA flowchart).

Two researchers independently checked the 67 full-text sources. Our interrater reliability using Cohen’s Kappa statistic was  $\kappa = 0.81$ , which means high reliability (McHugh, 2012). Any disagreement was solved through discussion and consensus. We checked the quality of sources using the Mixed Methods Appraisal Tool (MMAT) and CASP Qualitative Checklist.

## 2.4. Data Synthesis

We used thematic synthesis as our core methodology, following the steps from Thomas and Harden (2008). We coded the sources using pre-established codes from SBCC theory principles (agenda setting, social norms, community engagement, and trust). We also added emergent codes inductively during the review (platform governance, digital equality, and narrative vulnerability). These codes were transformed into descriptive themes, which we then interpreted to build the integrative model in Section 4.4.

Note on timeframe: any difference between the abstract (2015-2024) and the method section comes from updates after reviewer feedback. The effective timeframe remains 2015-2024, and pre-2015 papers are justified explicitly below.



**Figure 1.** PRISMA 2020 Flowchart of Systematic Literature Search and Selection Process (n=45 included sources)

### **3. Results**

From all sources that met the inclusion criteria, 45 articles remained. Among them, 27 (60%) were empirical studies. The breakdown is qualitative (14), quantitative (9), and mixed methods (4). The other 18 articles (40%) were theoretical or conceptual reviews. Four major themes emerged from our thematic synthesis: (1) structural similarity of health-related crowdfunding to SBCC mechanisms; (2) typology and communicational functions of different crowdfunding types; (3) comparative study of digital versus traditional crowdfunding; and (4) limitations, inequity, and counterevidence.

Regarding geographical distribution, 18 sources (40%) specifically studied Indonesia or the Southeast Asian context. Next, 14 papers (31%) were about LMIC contexts, including South Asia and Sub-Saharan Africa. The remaining 13 articles (29%) focused on HICs but were included because they are theoretically relevant to crowdfunding mechanisms and SBCC. This geographic distribution helps us focus on Indonesia while still providing a wider comparative context. In terms of publication years, most articles were published between 2019 and 2024 (n=31 or 69%). This happened because scholarly interest in digital health philanthropy rose significantly after the COVID-19 pandemic. The pandemic caused a big boom in online health fundraising in Indonesia and other LMIC countries.

#### **3.1. SBCC Dimensions in Digital Health Crowdfunding**

Health crowdfunding initiatives are widely recognized as tools for SBCC principles. Campaign narratives are framed using agenda-setting mechanisms outlined by McCombs and Shaw (1972). Within the SBCC paradigm, this is operationalized by Waisbord (2014). When analyzing Kitabisa.com campaign narratives, studies show that health campaigns use emotional stories. These stories are tied to community health issues and successfully focus donor attention on specific health concerns (Riyadi & Hartanto, 2022; Fahmi et al., 2021).

The second communication mechanism found in the literature is social norms. Features like public donation counters, donor names, and campaign sharing help activate descriptive norms. This matches the social influence model by Cialdini (2007). Mitra and Gilbert (2014) also show that campaign momentum and community participation are strong predictors of donating behavior.

Building community trust is the third SBCC alignment found in our review. Credibility and social trust are essential conditions for successful behavior change communication (Solihin et al., 2023; Waisbord, 2014). In crowdfunding, trust is built through several features. For example, verification badges for proven campaigns, endorsements from medical experts or community leaders, and real-time financial reports. These

measures help solve the issue of distrust. Distrust often causes health communication to fail, especially in populations that have had bad experiences with official institutions (Rosenberg et al., 2022). This is very true in Indonesia, where trust in health institutions varies across ethnic and regional groups (Mitra & Gilbert, 2014; Solihin & Abdullah, 2023). Therefore, using the peer-to-peer trust mechanism on crowdfunding platforms can be more effective than traditional health campaigns from institutions. We summarize this connection between crowdfunding types and communication dimensions in Table 1.

**Table 1. Mapping of Crowdfunding Types to SBCC Communication Dimensions**

<b>Crowdfunding Type</b>	<b>Primary Mechanism</b>	<b>SBCC Dimension</b>	<b>Empirical Basis</b>
Donation-based	Narrative persuasion, emotional appeal	Agenda-setting; interpersonal influence	Riyadi & Hartanto (2022); Mollick (2014)
Reward-based	Reciprocity; social exchange	Community engagement; incentive-based behavior	Belleflamme et al. (2014); Mitra & Gilbert (2014)
Peer-to-peer lending	Trust signaling; credibility transfer	Trust-mediated persuasion; social capital	Kenney-Lazar et al. (2021)
Equity-based (limited LMICs) in	Stakeholder ownership; structural participation	Structural enablement (theoretical proposition)*	Srnicsek (2017); Castells (2015)

*Note. \*Equity-based crowdfunding's SBCC alignment is a theoretical proposition derived from structural communication theory, not from direct empirical evidence in the Indonesian health context. Researchers are encouraged to empirically test this claim.*

Our thematic analysis also shows a common trend in how health campaigns build their "communication ecologies." Waisbord (2014) defines this as integrated communication systems with messages, messengers, and channels to drive behavior change. In crowdfunding, these ecologies include: (a) initial messaging through the main campaign story; (b) social media sharing and endorsements as secondary messaging; (c) donor comments or testimonials that create social proof; (d) push notifications and updates for continuous engagement.

Based on literature findings, health campaigns using multi-channel communication ecologies get better results. They raise more funds and reach wider communities compared to campaigns that only list basic details (Riyadi & Hartanto, 2022; Mitra & Gilbert, 2014).

### 3.2. Comparative Dynamics: Digital Crowdfunding and Conventional Fundraising

We reviewed 16 sources comparing traditional and digital modes of fundraising. The data shows clear structural differences that matter for SBCC. We present these findings in Table 2, highlighting both benefits and constraints of digital crowdfunding.

**Table 2. Comparative Analysis of Conventional Fundraising and Digital Crowdfunding in Health Communication**

<b>Dimension</b>	<b>Conventional Fundraising</b>	<b>Digital Crowdfunding</b>
Geographic reach	Localized; community-bound	Potentially national/global, but subject to digital access disparities (Haddaway et al., 2015)
Social activation	Communal, face-to-face; culturally embedded	Digitally mediated; visible to broader network (Cialdini, 2007)
Transparency	Variable; trust based on personal relationships	Digitally documented, but fraud cases documented (see Limitations)
Narrative control	Community leaders mediate the story	Beneficiary-authored, raising vulnerability concerns (Kenney-Lazar et al., 2021)
Donor fatigue risk	Low (limited exposure volume)	High; documented in repeated-campaign contexts (Meer, 2017)
Equity in access	Favors locally networked communities	Favors digitally literate, sympathetic presentations (Pirasteh-Afkham et al., 2021)

*Note. Sources: Mollick (2014); Mitra & Gilbert (2014); Meer (2017); Pirasteh-Afkham et al. (2021).*

### **3.3. Documented Limitations and Counterevidence**

To keep this review methodologically sound, we must address the counterevidence found in past studies. First, some literature reports cases where crowdfunding was abused through fraud, fake medical illnesses, and misuse of donations (Kenney-Lazar et al., 2021; Pirasteh-Afkham et al., 2021). Second, equity issues are common. Crowdfunding often discriminates against campaigns that do not have appealing stories, visually attractive pictures, or existing social connections (Meer, 2017). Third, donor fatigue clearly affects recurring campaigns, leading to fewer donations over time (Andreoni, 2021). Finally, SBCC itself faces criticism. Some scholars argue it can be a top-down process that promotes cultural imperialism and only changes attitudes, not actual social behaviors (Waisbord, 2014). We consider these weaknesses in our integrative framework in Section 4.

## **4. Discussion**

### **4.1. Crowdfunding as SBCC Infrastructure**

The findings of this systematic review give theoretical backing to the idea that digital health crowdfunding serves as a *de facto* SBCC infrastructure in Indonesia, despite its limitations. This structural connection is not intentional. Digital crowdfunding platforms were not created to be SBCC tools. However, their main features, like narrative building, social proof, community engagement, and trust-building, work just like the core strategies in SBCC programs (Waisbord, 2014; USAID, 2020; Solihin et al., 2023).

This structural match has roots in Social Cognitive Theory by Bandura (2004). The theory states that socially observable behavior and its outcomes change human actions. Crowdfunding makes health-seeking behavior visible to the public, so it becomes normalized. We can also find theoretical support in the dialogical communication principles by Freire (1970).

In the context of ecological systems theory, crowdfunding works across different levels of the SBCC socio-ecological framework. At the individual level, it touches personal beliefs, emotions, and health literacy. At the interpersonal level, it spreads through social media shares and networks. Communities get inspired by successful campaigns because they show unity and shared health goals. Structurally, massive crowdfunding activities can push public health policy changes for underfunded health conditions. This multilevel reach is a major benefit, since SBCC programs work best when attacking multiple ecological levels at once (Wakefield et al., 2010; Solihin et al., 2023).

The platform architecture fits perfectly with health communication theory. Specifically, it aligns with the Extended Parallel Process Model. This model is commonly known as EPPM. EPPM was developed by Witte (1992). According to Witte (1992), effective health messages must maintain a strict balance. They need to balance threat perception and self-efficacy. These two elements are required to trigger actual action. If a message only scares people without providing a solution, it fails. People will just ignore the message or panic.

Medical crowdfunding campaigns naturally use this exact EPPM pattern. On any campaign page, creators always display real cases. They show pictures and stories of people with severe illness. This element represents threat salience. It makes the threat highly visible. The readers feel empathy. They also realize how dangerous the disease is. But the campaign page does not stop there. Right next to the sad story, the platform provides clear donation links. These links are simple to use. They represent efficacy cues. The buttons tell the readers that they can help. It gives them the agency to fix a bad situation with just one click.

This exact structure mirrors evidence-based SBCC message designs. SBCC stands for Social and Behavior Change Communication. Effective SBCC designs must be grounded in solid evidence. Interestingly, crowdfunding creators are usually regular people. They are not public health experts. They do not study complex communication theories. Yet, the architecture of the crowdfunding platform forces them to create messages that match SBCC principles.

This shows a very interesting phenomenon. Crowdfunding produces SBCC-like communication effects. This happens even without any explicit SBCC intent from the creators. The platform achieves these outcomes on a large scale. Every single day, thousands of users read these stories. They perceive the health threat. Then, they take action by donating or sharing the link. The original goal is just to raise money for medical bills. But the side effect is massive. It educates the public about severe health risks.

**Key Takeaway:** This accidental benefit is called an incidental function. Health communication occurs not because of a formal plan, but because the platform design naturally guides user behavior.

If we understand this incidental function, the potential is huge. We can optimize this existing system. Optimizing this function could greatly expand the reach of public health communication. This is especially true for Low- and Middle-Income Countries (LMICs). In LMIC regions, governments often lack big budgets for health campaigns. Healthcare infrastructure is also limited.

First, the severe illness story raises threat perception as outlined by Witte (1992). Second, the easy donation button provides immediate efficacy cues. When combined within the platform, these two elements drive massive scale and real-world behavioral change.

Through crowdfunding, communities accidentally build their own health education networks. Bandura (2004) talked a lot about human agency and self-efficacy. This platform structure gives Bandura's theory a digital home (Bandura, 2004). When people feel they can make a difference collectively, health behavior change happens much faster (Bandura, 2004). Looking at local contexts, recent studies by Solihin et al. (2024) show how digital social capital works. Online crowdfunding acts as a powerful, organic communication tool (Solihin et al., 2024). Combining digital platforms with communication theory offers a low-cost, high-impact solution for public health in LMICs.

#### **4.2. Indonesia-Specific Analysis: Kitabisa.com as a Case**

Kitabisa.com stands out as the ultimate example of health crowdfunding in Indonesia. It is the biggest platform in the country. Because of its massive size, it definitely needs a much deeper analysis. The data shows some very interesting trends about how Indonesians use it. Riyadi and Hartanto (2022) conducted a study on this platform. They noted that during the years 2020 to 2022, health campaigns made up about 38% of all funded projects on the platform (Riyadi & Hartanto, 2022). That is a huge percentage for just one single category.

The timeline and success rate of these campaigns are also quite specific. According to the same study, these health campaigns ran for an average of 47 days (Riyadi & Hartanto, 2022). Within that time frame, they achieved a median success rate of 62% (Riyadi & Hartanto, 2022). This means more than half of the patients managed to get the financial help they needed. It proves that the digital community in Indonesia is highly responsive to health crises.

Another key finding from Riyadi and Hartanto (2022) involves the creators of these campaigns. Most campaigns were started by the patients themselves or their close families. They were not initiated by hospitals or official medical institutions. This grassroots approach changes the whole dynamic of the message. When a desperate mother writes about her sick child, the emotional appeal is incredibly raw and real.

This specific setup brings unique communication opportunities. It allows ordinary citizens to tell their stories without institutional filters. Families use everyday language that other ordinary people can easily relate to. They share raw photos, daily struggles, and personal updates directly from the hospital bedside. This builds massive empathy very quickly. It drives the threat perception and efficacy cues we see in the

EPPM framework. It turns personal tragedies into collective community actions.

The Dual Reality: While this organic storytelling opens up amazing communication opportunities, it also creates a major challenge. The line between genuine vulnerability and exploitation can become very thin.

However, this lack of institutional control also brings serious ethical issues. Because hospitals do not manage the campaigns, there is less professional oversight. This creates a big risk regarding patient privacy. Families often upload sensitive medical records, diagnoses, and highly vulnerable photos of sick children to gain sympathy. Once these images are on the internet, they stay there forever, which violates the patient's long-term digital privacy.

There is also the issue of misinformation and transparency. Without a hospital verifying the text, it is easy for medical facts to get distorted or exaggerated. Sometimes, the financial targets are not clearly mapped out against actual medical bills. This creates distrust if the money is misused. Therefore, Kitabisa.com represents a powerful tool for public health engagement, but it requires a very careful balance between emotional storytelling and ethical boundaries.

The communication format on Kitabisa.com matches the agenda-setting concept in SBCC. Campaign thumbnails, headlines, and platform algorithms help focus public attention on certain health issues. This creates a tech-driven health agenda. However, this agenda can be driven by commercial interests rather than real medical priorities. Rare but highly emotional cases might get too much attention, while common critical issues are ignored (Fahmi et al., 2021).

The cultural value of gotong royong in Indonesia also acts as a strong amplifier. Studies show that campaigns emphasizing collective aid and reciprocal values get higher donation rates on Kitabisa.com. This aligns perfectly with the cultural tailoring principles in SBCC interventions (Solihin et al., 2023; Solihin et al., 2024).

### **4.3. Critical Engagement with Limitations**

A good integration of theories must admit where the connection breaks down and causes harm. Literature highlights three main tensions between crowdfunding and SBCC. First, SBCC assumes messages can reach anyone in the community. But crowdfunding creates new digital barriers. People without smartphones, internet access, or digital skills cannot use these platforms as donors or beneficiaries (Pirasteh-Afkham et al., 2021).

Second, SBCC centers on grassroots empowerment. Yet, crowdfunding still limits users because they must follow the platform's

rigid templates and preferred narrative formats (Srniczek, 2017). Third, there is an ethical dilemma about self-disclosure. Beneficiaries must expose their illnesses and vulnerabilities publicly to attract donors, which can compromise their dignity (Kenney-Lazar et al., 2021).

#### **4.4. Proposed Integrative Heuristic Model**

From our thematic synthesis, we propose an integrated heuristic model linking crowdfunding mechanisms to SBCC channels. This model is a theoretical concept from literature synthesis, so it is not empirically validated yet. Future studies need to test its efficacy using longitudinal data or comparative cases in LMICs.

This model highlights a seamless intersection between medical crowdfunding operations and formal behavioral change communication principles. The first connection is evident in how personal storytelling is used to move people emotionally. On a fundraising platform, families typically write raw, deeply emotional narratives about their struggle against an illness. This approach aligns perfectly with evidence-based message design in health communication, where delivering information through human stories proves far more effective at shifting attitudes than simply presenting dry medical data or rigid statistics.

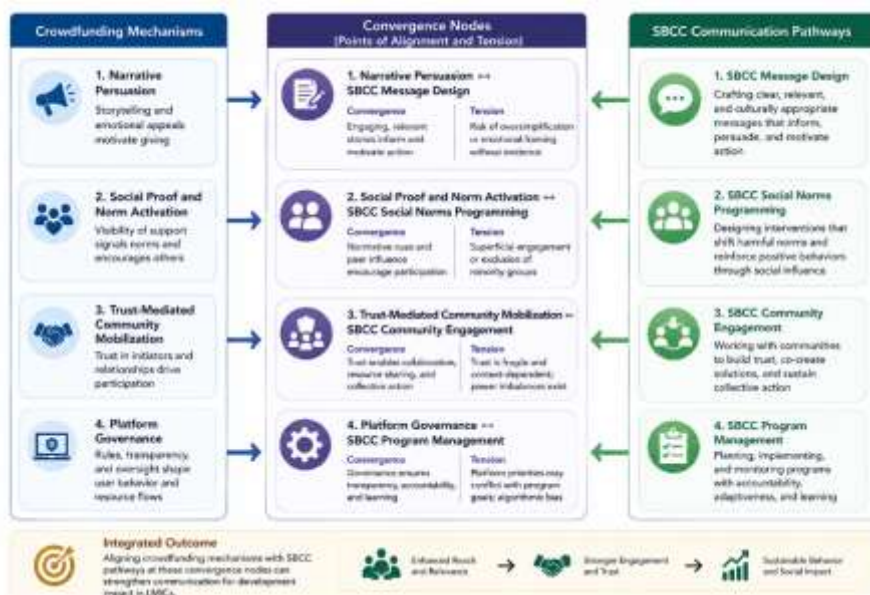
Another connection involves how social influence shapes community habits online. When a user visits a donation page, the platform transparently displays a live feed of people who have already contributed. The visibility of these donors creates powerful social proof within the digital space. Psychologically, seeing others take action activates a social norm, convincing the reader that helping is the right and expected thing to do. This closely mirrors social norms programming, where positive health behaviors are promoted by establishing them as a new, widely accepted standard within a community.

Furthermore, trust acts as a vital bridge that triggers collective action. A digital fundraising campaign cannot succeed without establishing trust among potential donors. Once credibility is secured through regular patient updates and transparent goals, it triggers widespread community mobilization. Friends, neighbors, and complete strangers naturally unite to share the donation link across their own networks. This phenomenon represents a digital form of community engagement, where local networks mobilize organically without needing top-down instructions from formal health institutions.

Finally, this entire communication and fundraising process is safeguarded by the platform's internal rules and regulations. Platform managers enforce strict verification checks, requiring official identity cards, genuine medical records from hospitals, and close monitoring of fund allocations. This governance framework functions exactly like

program management in traditional public health campaigns. Without this strict oversight and structured management, the health messages delivered through the platform would lose credibility due to risks of fraud and data manipulation.

At each point, the model looks at both convergence mechanisms and structural contradictions found in past studies. This model improves on older frameworks because it includes structural conflicts, making it a more realistic tool for scholars and practitioners. Compared to simple diffusion models (Rogers, 2003) that focus only on spreading information, our model emphasizes the interpersonal and ethical sides of health crowdfunding.



**Figure 2.** Integrative Heuristic Model of Crowdfunding-SBCC Convergence (to be replaced with diagram image in final submission)

#### 4.5. Policy and Practice Implications

We can draw several policy implications for Indonesian health communication, keeping in mind the institutional barriers. First, platform governance in Indonesia should include SBCC principles. This means creating clear rules for data disclosure, protecting beneficiary dignity, and making algorithms transparent (Solihin et al., 2022; Solihin et al., 2023). However, implementing this is hard because Indonesia still lacks strong digital regulations, and platforms often resist strict content rules.

Second, public health agencies can use crowdfunding platforms as extra channels for national SBCC campaigns. But this assumes that local health departments have good SBCC skills, which is often not true across

different Indonesian regions (Riyadi & Hartanto, 2022). Finally, digital inclusion, like cheaper internet, community digital training, and local language options, is mandatory for this integration to succeed.

To make this work, multiple stakeholders must collaborate. This includes the Ministry of Health, the Ministry of Communication and Digital, health NGOs, and platforms like Kitabisa.com. International agencies with SBCC experience (like UNICEF, WHO, and USAID Indonesia) can help adapt global guidelines into platform rules. This matches the whole-of-society approach recommended in Indonesia's national health communication plan.

## **5. Conclusion**

Our systematic review of 45 peer-reviewed sources shows a structural convergence between digital health crowdfunding and SBCC strategies. This covers narrative persuasion, social norm activation, trust mobilization, and community engagement on platforms like Kitabisa.com. While this convergence is theoretically strong, it works mainly as a heuristic model for future empirical research. The review process itself led us to revise our core argument. At first, we assumed the convergence was total. However, the literature shows that this structural convergence is actually partial and limited by platform designs.

This study has limitations. Our search strategy might miss some Indonesian-language grey literature or practitioner reports. Using Google Scholar also brings a risk of publication bias. The proposed model is our theoretical interpretation and might not capture all differences in the literature. Future studies should test this model using longitudinal data, comparative analysis across LMICs, and experimental designs within crowdfunding platforms. Research must also check equity outcomes to see if this integration reduces or worsens health communication gaps.

In Indonesia, applying this model depends heavily on regulatory changes, SBCC capacity building, and digital infrastructure investments. These factors vary a lot across the 34 provinces. Future applied research must keep these constraints in mind. Despite these limits, this review connects health crowdfunding and SBCC theoretically, filling a big gap in past scholarship.

Comparative case studies across different LMIC platforms will be highly valuable. For instance, looking at how health crowdfunding-SBCC dynamics differ in Kenya (M-Changa), India (Milaap), or the Philippines (GiveAsia) can separate general mechanisms from unique cultural traits. Longitudinal designs tracking donor choices over time will help test the donor fatigue theory better than cross-sectional studies. Experimental studies putting SBCC design rules into active campaigns will give direct

proof of the model's utility. Future success should be measured not just by funds raised, but by real health behavior changes among donors and beneficiaries. This joint research agenda between communication scholars, health practitioners, and platform managers can turn crowdfunding into a deliberate, equity-focused tool for community health promotion in Indonesia and around the world.

## References

- Andreoni, J. (2021). Philanthropy. In L. Bruni & S. Zamagni (Eds.), *Handbook on the Economics of Philanthropy, Reciprocity and Social Enterprise* (pp. 10–18). Edward Elgar.
- Bandura, A. (2004). Health promotion by social cognitive means. *Health Education & Behavior*, 31(2), 143–164. <https://doi.org/10.1177/1090198104263660>
- Belleflamme, P., Lambert, T., & Schwienbacher, A. (2014). Crowdfunding: Tapping the right crowd. *Journal of Business Venturing*, 29(5), 585–609. <https://doi.org/10.1016/j.jbusvent.2013.07.003>
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, 9(2), 27–40. <https://doi.org/10.3316/QRJ0902027>
- Castells, M. (2015). *Networks of Outrage and Hope: Social Movements in the Internet Age* (2nd ed.). Polity Press.
- Cialdini, R. B. (2007). *Influence: The Psychology of Persuasion* (Revised ed.). HarperCollins.
- Fink, A. (2019). *Conducting Research Literature Reviews: From the Internet to Paper* (5th ed.). Sage Publications.
- Freire, P. (1970). *Pedagogy of the Oppressed*. Herder and Herder.
- Grant, M. J., & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal*, 26(2), 91–108. <https://doi.org/10.1111/j.1471-1842.2009.00848.x>
- Haddaway, N. R., Collins, A. M., Coughlin, D., & Kirk, S. (2015). The role of Google Scholar in evidence reviews and its applicability to grey literature searching. *PLOS ONE*, 10(9), e0138237. <https://doi.org/10.1371/journal.pone.0138237>
- Kitabisa. (2023). *Annual Impact Report 2023*. Kitabisa.
- McCombs, M., & Shaw, D. L. (1972). The agenda-setting function of mass media. *Public Opinion Quarterly*, 36(2), 176–187. <https://doi.org/10.1086/267990>

- McHugh, M. L. (2012). Interrater reliability: The kappa statistic. *Biochemia Medica*, 22(3), 276–282. <https://doi.org/10.11613/BM.2012.031>
- Meer, J. (2017). Does fundraising create new giving? *Journal of Public Economics*, 145, 82–93. <https://doi.org/10.1016/j.jpubeco.2016.11.009>
- Mitra, T., & Gilbert, E. (2014). The language that gets people to give: Phrases that predict success on Kickstarter. In *Proceedings of the 17th ACM Conference on Computer Supported Cooperative Work and Social Computing* (pp. 49–61). <https://doi.org/10.1145/2531602.2531656>
- Mollick, E. (2014). The dynamics of crowdfunding: An exploratory study. *Journal of Business Venturing*, 29(1), 1–16. <https://doi.org/10.1016/j.jbusvent.2013.06.005>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, n71. <https://doi.org/10.1136/bmj.n71>
- Rogers, E. M. (2003). *Diffusion of Innovations* (5th ed.). Free Press.
- Solihin, O., & Abdullah, A. Z. (2023). *Komunikasi Kesehatan Era Digital: Teori dan Praktik*. Prenada Media.
- Solihin, O., Lubis, D. P., Muljono, P., & Amanah, S. (2023). Social and behavior change communication (SBCC) approach in tuberculosis management by Terjang Foundation. *MediaTor: Jurnal Komunikasi*, 16(1), 1–13.
- Solihin, O., Lubis, D. P., Muljono, P., & Amanah, S. (2024). Interpersonal communication approach in addressing TB stigma in Bandung City. *Jurnal Kajian Komunikasi*, 12(1), 94–108.
- Solihin, O., Lubis, D. P., & Muljono, P. (2023). The economic impact and role of health communication in the economic recovery of tuberculosis (TB) patients in Indonesia. *Journal of Eastern European and Central Asian Research*, 10(6), 911–920.
- Solihin, O., Muslim, M., & Sari, I. U. (2022). Kerangka kerja social behavior and change communication (SBCC) pada komunikasi kesehatan. *Khatulistiwa: Jurnal Pendidikan dan Sosial Humaniora*, 2(4), 23–39.
- Srnicek, N. (2017). *Platform Capitalism*. Polity Press.

- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8(1), 45. <https://doi.org/10.1186/1471-2288-8-45>
- USAID. (2020). Social and Behavior Change Communication (SBCC): An Overview. United States Agency for International Development.
- Wakefield, M. A., Loken, B., & Hornik, R. C. (2010). Use of mass media campaigns to change health behavior. *The Lancet*, 376(9748), 1261–1271. [https://doi.org/10.1016/S0140-6736\(10\)60809-4](https://doi.org/10.1016/S0140-6736(10)60809-4)
- Waisbord, S. (2014). The strategic politics of participatory communication. In K. Wilkins, T. Tufte, & R. Obregón (Eds.), *The Handbook of Development Communication and Social Change* (pp. 147–162). Wiley-Blackwell.
- Witte, K. (1992). Putting the fear back into fear appeals: The extended parallel process model. *Communication Monographs*, 59(4), 329–349. <https://doi.org/10.1080/0363776276>