

Instrumental Support And The Wellbeing Of Older Persons In Bamboutos Division Of The West Region Of Cameroon

¹ Nsuh Angwi Irene (Ph.D)

¹ Faculty of Education, University of Bamenda, Cameroon

Received: 26th Dec 2025 | Received Revised Version: 10th Jan 2026 | Accepted: 25th Jan 2026 | Published: 09th Feb 2026

Volume 08 Issue 01 2026 | Crossref DOI: 10.37547/tajssei/Volume08Issue02-02

Abstract

The study examined the influence of instrumental support on the wellbeing of older persons in the Bamboutos Division of the West Region of Cameroon. A descriptive survey research design was adopted, utilizing a mixed-method approach that integrated both quantitative and qualitative techniques to generate comprehensive and reliable evidence. The study sample comprised 250 older persons and 16 social workers purposively selected from the four subdivisions of the Bamboutos Division. Purposive sampling was appropriate because participants were chosen based on specific age-related criteria relevant to the study's objectives. Data was collected using a structured questionnaire and an interview guide, both of which focused on psychosocial support and the wellbeing of older persons in the area. Quantitative data were analyzed using descriptive and inferential statistical procedures, while qualitative data were examined through thematic content analysis. A triangulation strategy was employed to enhance the validity of the findings by integrating insights from both qualitative and quantitative strands and by using multiple analytical tools. Qualitative responses derived from open-ended interview questions were coded and organized into themes, and results were presented using statistical tables, charts, and code-quotation reports. The findings revealed that instrumental support significantly affects the wellbeing of older people in Bamboutos Division. Older adults who received practical assistance—such as help with daily tasks, mobility, household chores, and access to essential services—reported better physical, emotional, and social wellbeing. Based on these findings, the study recommended that older persons be equipped with income-generating skills in areas such as small business management, poultry, piggery, and agriculture to enhance their financial autonomy. Additionally, providing routine assistance, including house cleaning, running errands, meal preparation, and support with physically demanding activities—would substantially improve their quality of life. These responsibilities extend to family members, friends, community service providers, policymakers, and all individuals who interact with older persons in their daily lives.

Keywords: Instrumental support, wellbeing, older persons.

© 2026 Nsuh Angwi Irene (Ph.D). This work is licensed under a Creative Commons Attribution 4.0 International License (CC BY 4.0). The authors retain copyright and allow others to share, adapt, or redistribute the work with proper attribution.

Cite This Article: Nsuh Angwi Irene (Ph.D). (2026). Instrumental Support And The Wellbeing Of Older Persons In Bamboutos Division Of The West Region Of Cameroon. The American Journal of Social Science and Education Innovations, 8(2), 7–15. <https://doi.org/10.37547/tajssei/Volume08Issue02-02>

1. Introduction

The wellbeing of older persons in Cameroon has become an increasingly important public health and social policy concern, especially as the country experiences gradual demographic ageing. Although older adults constitute a

relatively small proportion of the population—about 3.5% of Cameroonians are aged 60 years and above—they face significant socioeconomic and health challenges that heighten their vulnerability (Gouttefarde et al, 2024). In this context, instrumental support—the practical, tangible assistance provided to help individuals

meet daily needs—plays a critical role in sustaining autonomy, functional ability, and overall quality of life among older persons.

Instrumental support in Cameroon typically includes help with household tasks, mobility and transportation, financial assistance, access to healthcare, and support with medication management. However, research shows that the country's traditional care systems, once anchored in strong intergenerational solidarity, are increasingly strained by urbanization, economic hardship, and shifting family structures (Gouttefarde et al, 2024). As a result, many older adults experience weakened family support networks and limited access to formal care services, which undermines their wellbeing.

Studies on ageing in Cameroon highlight that weak institutional support systems and widespread poverty significantly jeopardize the wellbeing of older persons, making instrumental support even more essential (Nangia, 2016). Without adequate assistance, older adults face heightened risks of social isolation, deteriorating physical health, and reduced life satisfaction. Conversely, when instrumental support is available—whether through family caregivers, community structures, or emerging social programs—it enhances older persons' sense of security, independence, and dignity.

Ageing is accompanied by a series of biological, social, and psychological changes that collectively shape the wellbeing, functioning, and social participation of older persons. Biologically, age-related changes in major organs—including the cardiovascular, musculoskeletal, and nervous systems—can influence mood, emotional regulation, and general attitudes. These physiological shifts often alter how older adults perceive, interpret, and respond to their environment and society at large (Dzietchciaz et al., 2014). Declines in sensory acuity, hormonal changes, and reduced neuroplasticity may further contribute to irritability, reduced adaptability, and heightened vulnerability to stress.

Social issues associated with ageing are equally significant. Changes in living arrangements, reduced engagement in daily activities, and diminished social roles can increase the risk and experience of illness among older persons (Berkman, 2021). Many older adults face challenges such as loss of the ability to fulfill personal and societal obligations, financial strain, and disruptions in social connectedness. These disruptions often manifest as shrinking social networks, reduced

participation in community life, and difficulties performing routine tasks essential for independent living (Rodriguez-Prat et al., 2016).

Psychologically, ageing may be accompanied by distress that manifests as depression, anxiety, confusion, demoralization, and reduced self-efficacy. Old age typically emerges at a stage when individuals are no longer able to actively perform many of the roles that previously defined their identity and social value (Maharaj, 2013). This transition can challenge one's sense of purpose and emotional stability.

Developmental psychologists have long recognized the heterogeneity within late adulthood. Levinson (1978), Vaillant (1971), and Neugarten (1968) proposed a tripartite classification: the “young-old” (approximately 64–74 years), who are generally healthy and active; the “old-old” (75–85 years), who begin to experience health limitations and difficulties with daily activities; and the “oldest-old” (85+ years), who are typically frail and highly dependent. The present study focuses on the “young-old,” a group characterized by relative functional independence but emerging age-related vulnerabilities. Similarly, Ortman et al. (2014) classify adults aged 65–84 as belonging to the young-old category.

According to Barnes (2011), this age group spans the post-employment years, a period marked by increasing limitations across physical, emotional, and cognitive domains. These changes may not be uniformly debilitating, but they often signal the beginning of a gradual decline in functional capacity. Older persons need financial security, personal security, mental health, health care and self-actualization (Putri & Lestari, 2017). These needs are often overlooked in emergency responses or humanitarian actions. According to the Mental Health Foundation (2006), older persons also experience issues like loneliness and isolation because social networks, friends and mobility have been lost. Even those surrounded by friends, and social networks at times they can feel lonely due to the absence of meaningful and satisfying relationships in their lives (Lee, 2006).

Older persons have a lifetime of experience to share but there are barriers to their participation. They want to feel needed and wanted, encouraged, provided with information about opportunities and barriers around them removed (Dykstra, 2015). They also fear that they will not get old gracefully as such they become stressed up, disengaged and unable to handle change, which can

lead to isolation, poor self-esteem and financial anxiety. There are some changes that accompany ageing even if the older persons are healthy. These changes are a normal part of ageing such as; change in vision and hearing acuity, fine motor control and hand eye coordination, memory, reasoning, abstract thinking, income and earning capacity, loss of social network and even emotional changes like loneliness, anxiety, becoming dependent on others (Age friendly communication, 2010).

Psychosocial support is one of the important sources often used to help older persons handle the challenges and changes mentioned above and thus achieve well-being. It is a powerful predictor of living a healthy and fulfilling life. It has been proven that psychosocial support has an impact on older persons (Dykstra, 2015). Psychologists go beyond the social support that older persons can receive and look at the psychosocial support, that is, look at their support in the context of the combined influence of both the psychological factors and the surrounding social environment (Kath, 2015). That is, they look at aspects that go on in the mind and the environment of the older person that can help them overcome challenges brought about by age.

Instrumental support plays a strategic role; it encompasses the concrete, direct ways that people assist others (Langford et al., 1997). Instrumental support is also called tangible support or services (House, 1981; Haeney and Isreal, 2008). It also includes resources such as spending time with someone or providing him or her with materials or money. This provision with money is known as financial support which helps those older persons who do have low income, this will help them cope with setbacks caused by ageing (Samuel et al, 2021). Older persons who maintain social ties with others have better well-being outcomes on numerous dimensions (Cornwell et al., 2008; Seeman et al., 2001). These bonds with others are beneficial in number of ways: provision of practical assistance in meeting daily needs like help in transportation for medical care, help in maintenance in the house (Gottieh and Bergen, 2010; Gray 2009).

The World Health Organization (WHO, 2008) conceptualizes well-being as a state in which an individual recognizes his or her abilities, is able to cope with normal life stresses, can work productively and fruitfully, and is capable of contributing meaningfully to the community (Nyamongo, 2013). This definition underscores the importance of functional aspects of

psychosocial support, as older persons rely on various forms of assistance to maintain their capacity to function effectively within their environment.

Well-being has long been viewed as a reflection of an individual's psychological health, grounded in positive psychological functioning (Bradburn, 1969). Its close association with psychosocial support has led scholars such as Ryff (1989, 1995) to articulate six core dimensions of psychological well-being: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. These dimensions highlight the multifaceted nature of well-being and the diverse psychosocial resources required to sustain it. Older persons who perceive their lives as meaningful, maintain strong social relationships, and experience fewer psychosocial difficulties tend to report higher levels of well-being (Dezutter et al., 2013). These insights collectively demonstrate that well-being in later life is a dynamic construct shaped by psychological resources, social support systems, and the broader environmental context.

Ageing in traditional African societies differed markedly from the experiences of older persons in contemporary African contexts. Historically, care for older adults was embedded within the extended family system, where support was provided at home and intergenerational solidarity was strong. However, structural transformations—including the geographical dispersion of families, increased mobility, and the pursuit of education and employment outside the home—have disrupted these traditional caregiving arrangements (Ting et al., 2009). These changes are further linked to cultural contact with Europeans during colonization, which introduced new social norms and contributed to shifting perspectives on the care of older persons (Abanyam, 2012; Abiodun, 2002).

As a result, the social position and privileges once accorded to older persons in African societies have eroded. Many older adults now face multiple vulnerabilities, including poverty, malnutrition, deteriorating physical and mental health, inadequate transportation, poor housing conditions, social isolation, and heightened anxiety about death (Lumun, 2013). The post-colonial emphasis on modernization has intensified the focus on younger generations and future development, often at the expense of maintaining respect, roles, and welfare structures for the elderly. Over

time, this shift has contributed to the marginalization of older persons, leaving many socially isolated and psychologically depleted (United Nations Economic Commission for Africa, 2007).

2. Method

A descriptive survey design employing a mixed-method approach was used to investigate instrumental support and the wellbeing of older persons in the Bamboutos Division. This combination of quantitative and qualitative methods ensured the collection of comprehensive, relevant, and accurate data. The study involved 250 older persons and 16 social workers. A purposive sampling technique was applied in selecting older participants, as it was not feasible to administer questionnaires to all older persons in the area. Only individuals capable of understanding the official national languages and those within the required age range were included. To enhance clarity and appropriateness of the instruments, a pilot test was conducted with 15 older persons.

Data were collected using a structured questionnaire and an interview guide focusing on psychosocial support and the wellbeing of older persons. The analysis incorporated both descriptive and inferential statistical techniques. A triangulation process strengthened the validity of the

findings by integrating qualitative and quantitative strands and employing multiple analytical tools. In line with standardized data-processing procedures (Nana, 2012), questionnaires were screened for completeness, and those with missing responses were identified. Each questionnaire was assigned a serial number to facilitate accurate data entry and cross-verification.

Qualitative data from open-ended interview questions were analyzed using thematic content analysis. A pre-coding process was conducted to identify emerging concepts, resulting in a code list that summarized the major themes. Quantitative data from the questionnaires were analyzed using descriptive statistics—frequencies and proportions—to describe the distribution of respondents across categories. Inferential analysis, specifically bi-variate linear regression, was used to examine relationships between variables. Findings were presented through statistical tables, charts, and code-quotation reports derived from the thematic analysis. All statistical tests were interpreted at the 0.05 significance level ($\alpha = 0.05$), meaning that a p-value below this threshold indicated a statistically significant relationship or difference

Findings

Table 1: Instrumental support of older persons (ISOP)

Item	SA	A	D	SD	Mean	Stdev	Rank
I have someone who is always there to cook my food when I cannot	72(35.6%)	78 (38.6%)	52 (25.7%)	0(0%)	1.00	0.48	12
I find it easy to buy my medications	40(16.0%)	100 (40.0%)	62 (24.8%)	48(19.2 %)	2.10	0.46	8
There is always someone to help me out with the activities in the house	20(8.0%)	164 (65.6%)	62 (24.8%)	4(1.6%)	2.82	0.60	3
There is always money to meet up with my needs	44(21.8%)	28(13.9%)	70(34.7%)	60(29.7 %)	2.29	0.73	7
I always go out for a walk	8(3.2%)	172 (68.8%)	50 (20.0%)	20(8.0%)	1.40	0.75	11
If I were sick I could easily find someone to do my daily chores.	68(27.2%)	88 (35.2%)	84 (33.6%)	10(4.0%)	2.80	0.61	4

I can easily find someone to move around with.	16(6.4%)	110 (44.0%)	124 (49.6%)	0(0%)	3.51	0.78	1
If I need help with repairing appliances, there is always someone to help	48(19.8%)	80 (33.1%)	66 (27.3%)	48(19.8%)	3.45	0.63	2
If I were sick, I always have someone to take me to the hospital	24 (9.6%)	108 (43.2%)	118 (47.2%)	0(0%)	2.0	0.81	9
If I needed a place to stay because of an emergency, I could easily find someone who will accept me	2 (1.6%)	78 (63.4%)	32 (26.0%)	11(8.9%)	3.32	0.82	23
If I needed a loan , there is someone I could it from	4 (1.7%)	120 (49.6%)	72 (29.8%)	46 (19.0%)	2.41	0.76	6
If I needed someone to work in my farm, I could easily find one	4 (1.6%)	0(0%)	0(0%)	3 (2.4%)	1.42	0.53	10
Total	32(13.3%)	1204(45.8%)	824 (31.2%)	264 (10%)	2.61	00.17	5

The results indicate that 150 respondents reported having someone available to prepare food for them when they are unable to do so, while 52 respondents did not share this experience. Additionally, 140 older persons stated that they find it easy to purchase their medications, whereas 110 reported difficulties in doing so. A total of 92 respondents affirmed that they have someone who assists them with household activities, while 66 indicated they do not receive such help. Only 72 respondents reported always having money to meet their needs, compared to 130 who disagreed. Furthermore, 180 respondents agreed that they regularly go out for walks, while 70 did not. When asked about support during illness, 156 respondents stated that they would have

someone to assist with daily chores if they became sick, whereas 94 reported lacking such support.

The findings also show that 126 respondents believed they could easily find a place to stay in case of an emergency, while 43 did not share this view. Similarly, 124 respondents affirmed that they could obtain a loan from someone if needed, while 122 could not. Only 4 respondents indicated that they could easily find someone to work on their farms, compared to 3 who disagreed. Overall, 59.1% of the older persons surveyed agreed that financial support is important for their wellbeing, while 40.9% did not consider financial support essential.

Table 2

Qualitative analysis of instrumental Support and wellbeing

Questions	Categories	Themes	Code descriptions	Groundings	Quotations
Does financial support have any effect on the well-being	Yes	The Ability to	Ability and assurance	majority	“.... Yes, it helps them maintain a good diet and ability to pay for care giving...” “.... It

of older persons?	acquire needs	gives them assurance that any problem that arises, they can quickly handle it....” “.... It helps them to be able to acquire food and medication....”
-------------------	---------------	---

The table indicates that financial support was overwhelmingly perceived as having a positive effect on the wellbeing of older persons. This theme was categorized under “Ability to Acquire Needs,” with the corresponding code description emphasizing “Ability and Assurance.” Most respondents reinforced this perspective, noting that financial support enables them to maintain a healthy diet and pay for caregiving services when necessary. The quotations further reveal that

having financial resources provides older persons with a sense of security, as it assures them that they can address emerging problems promptly. Financial support also enhances their capacity to obtain essential items such as food and medication, thereby contributing significantly to their overall wellbeing.

Relationship between instrumental Support and wellbeing

Table 3: Model summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.388	.150	.146	1.26466

The model summary table shows that a moderate positive relationship ($R = 0.388$) exists between instrumental support and the wellbeing of older persons. Furthermore,

R-Square for the overall model is 0. 150 with an adjusted R of 0.146.

Table 4: Regression coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	5.556	.586		9.473	.000
Instrumental support	.122	.021	.388	5.707	.000

The table for regression coefficients indicates that the regression equation is given by Wellbeing of older persons = 5.556 + 0.122xinstrumental support. Thus, when there is instrumental support, the wellbeing of

older persons is at 3.928 but when Instrumental support increases by one unit, the wellbeing of older persons increases by 0.268. This increase is significant as indicated by the p-value of 0.000.

Table 5: ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	52.082	1	52.082	32.564	.000 ^b
	Residual	294.283	184	1.599		
	Total	346.366	185			

The ANOVA table shows that F(117.611) with p = 0.000. This suggests that there is a significant effect of Instrumental support on wellbeing of older persons.

3. Discussion

Instrumental support and well-being of older persons

The findings indicate that instrumental support plays a crucial role in enhancing the wellbeing of older persons. Although many older adults in the study area remain relatively physically strong, they nonetheless require assistance with essential daily activities such as cooking, purchasing medications, performing household chores, maintaining their living environment, mobility, and securing financial resources to meet their basic needs. These forms of practical assistance significantly contribute to their overall quality of life.

The results align with the work of Lee (2006), who emphasizes financial security—an important dimension of instrumental support—as a key determinant of wellbeing. Adequate financial resources enable older persons to maintain a decent standard of living, experience comfort, and access opportunities that foster feelings of safety, optimism, and social support. Conversely, financial deprivation generates stress, worry, insecurity, and fear, all of which negatively affect psychological and emotional wellbeing. Overall, the study underscores that instrumental support, particularly in the form of financial assistance and help with daily tasks, is indispensable for promoting the wellbeing of older people.

The findings are further supported by Aging in Place (2022), which emphasizes that instrumental support is

essential for the wellbeing of older people due to the new challenges and functional changes that accompany ageing. According to this perspective, older adults can only age well and maintain optimal wellbeing when their activities of daily living are carried out efficiently and safely. These activities include cleaning, home maintenance, cooking, running errands, managing finances, and taking prescribed medications. Ensuring that these tasks are adequately supported enables older people to maintain independence and stability in their daily lives.

Insights from the social workers in the study also highlighted financial support as a critical component of instrumental support. All participating social workers agreed that older people require financial resources to meet essential needs such as housing, nutrition, clothing, and medical care. This aligns with findings from Head to Health (2019), which indicate that financial support fosters financial security and peace of mind, enabling older adults to engage in leisure and recreational activities—factors that collectively enhance overall wellbeing.

These observations are consistent with Maslow's hierarchy of needs, which posits that individuals must first have their basic physiological and safety needs met—such as food, shelter, clothing, and security—before they can pursue higher-order needs related to belonging, esteem, and self-actualization. For many older people, meeting these foundational needs is increasingly difficult without external support. Thus, instrumental assistance from family members, caregivers, community actors, and service providers becomes essential in enabling older adults to achieve and

sustain wellbeing.

4. Conclusion

The study demonstrates the critical role of instrumental support in enhancing the wellbeing of older people. When older adults receive adequate assistance with daily tasks, financial management, and mobility, they experience greater competence, improved social relationships, and a deeper sense of meaning in their lives. Instrumental support therefore emerges as an essential component of healthy ageing, enabling older people to maintain dignity, independence, and psychological stability.

Based on the conclusion of the study, it is recommended that the Ministry of Social Affairs, non-governmental organizations, and family members of older people create more avenues through which older adults can access instrumental support. Such avenues should include opportunities for older people, whether pensioners or not—to generate income, as financial autonomy is essential for their wellbeing. Providing training in small business management, poultry, piggery, and agricultural activities would empower them to sustain themselves economically.

There is also a need for deliberate learning on how to offer instrumental or tangible support in ways that uphold the dignity of older people. Their wellbeing is influenced not only by the support they receive but also by the attitudes, actions, and behaviors of those around them. Caregivers and community members should therefore learn how to aid without making older adults feel burdensome, and how to remain sensitive to their preferences, judgments, and opinions. Practical support such as cleaning their homes, running errands, preparing meals, and helping with physically demanding tasks should be encouraged among family members, friends, service providers, policymakers, and all who interact with older people.

Furthermore, the redesign and implementation of age-friendly policies are essential to creating meaningful opportunities that enhance the autonomy, participation, and quality of life of older persons. Such policies should ensure that older adults are supported in making valued choices and living dignified, fulfilling lives.

References

1. Apt, N. (1996). "Coping With Old Age in a Changing Africa" *Journal of Cross Cultural Gerontology*, 4(3):102-133. Aldershot, UK: Avebury
2. Apt, N. (1996). "Coping With Old Age in a Changing Africa" *Journal of Cross Cultural Gerontology*, 4(3):102-133. Aldershot, UK: Avebury
3. Asiyanbola, R (2005). Elderly Care Situation, Daily Activities, Housing and physical wellbeing in Nigeria. A paper presented at the international Union for the scientific study of population9IUSSP/UIESP)XXV International Populationnference tour. France, 18-23,2005.
4. Berkman ,L.F & Syme Sl(1977) 'Social networks, Host, Resistance and mortality: A Nine year follow-up study of Alameda county Residence". *America Journal of Epidemiology* 109:186-200[PubMed][GoogleScholar]
5. Berkman, LF.(2018) "Depressive symptoms and their relationship to Age and chronic Diseases among middle-Aged older south Africans". Series A.1-7.PMC free article pubmed Google scholar.
6. Bradburn, N & Noll. C (1969). The structure of Psychological well-being . National Opinion Research Center
7. Cohen S, Gottlieb B, (2000). Social support measurement: a guide for health and social activities. New York: Oxford University, 2000.
8. Cohen S, Sherrod DR, Clark MS. Social skills and the stress protective roles of social support . *J Pers Soc Psychol* 1986; 50:963-973PubMed Google Scholar.
9. Cornwell, B., Laumann, E. and Schumm, P.(2008). The Social Connectedness of Older Adults.
10. Deci E.L,& Ryan R.M(2018). Hedonia, eudaimonia and well-being: an introduction . *J Happiness study*.
11. Dezutter,J.,Casali, S.,Wacholtz. Luyck,K.,Hekking,J., & Van, W. (2013). Meaning in life: An important Factor for the psychological wellbeing of chronologically ill patients. *Rehabil Pscho*.
12. Gouttefarde P, Gay E, Guyot J, Kamdem O, Socpa A, Tchundem G, et al (2024). The shifts in intergenerational relations in Cameroon and their potential impact on the health of older adults. *BMJ Global Health*. <https://doi.org/10.1136/bmjgh-2023-014678>.
13. LeeM(2006)Promotingmentalhealthandwell-beinginlaterlife:AfirstrreportfromtheUKInquiry
14. intoMentalHealthandWell-BeinginLaterLifeLondon:MentalHealthFoundation

and Age

- 15.** Concern
- 16.** Maharaj, P.(2013). Ageing and Health in Africa. International perspective on Ageing .vol 4
- 17.** Mba, J. (2005,). Population Ageing and Poverty in Rural Ghana. Regional Institute for
- 18.** Population Studies: University of Ghana.
- 19.** Nangia, E. N. (2016) "Care for Older Persons in Cameroon: Alternatives for Social Development." Africa Development / Afrique et Développement, vol. 41, no. 4, 2016, pp. 47–69. JSTOR, <http://www.jstor.org/stable/90013889>. Accessed 31 Jan. 2026.
- 20.** Putri A & Lestari C (2018). The Ability to meet the Elderly's basic needs for healthy Ageing in low-middle-income countries: The first International conference on Global Health. Volume 27. DOI 10.18502/KLs.v41.1364
- 21.** Rodriguez, D.(2021). Activities to encourage social interactions in older Adults. TAPERTY SENIOR LIVING.tapestrys senior.com
- 22.** Ryff C.D, Singer B.H, & Dienberg L. G (2014). Positive health: Connecting well-being with Biology. Philos Trans R Soc Lond B Biol Sci 2004; 359:1383-1394 PMC free article Pubmed GoogleScholar Ref list.
- 23.** Thoits, P.A. (2011). Mechanisms linking social ties and support to physical and mental health. Journal of Health and Social Behavior 52, 145-61. <https://doi.org/10.1177/0022146510395592>