1. OUTLINE OF THE STUDY

Periodontal diseases are common oral diseases that involve the periodontal structures beyond the gingiva and lead to loss of connective tissue attachment (periodontal ligament, alveolar bone and cementum) and have burdened the majority of population with treatment needs (Ranney, 2000; Petersen, 2005). Periodontal diseases are the most widespread diseases in the mankind (WHO, 1978). The oral cavity is not a sterile cavity. There are more than five hundred different bacterial species that are capable of colonizing in the oral cavity, while about 150 species can be found in one individual, a number of these species are more associated with periodontal diseases than others (Socransky & Haffajee, 2003).

The American Dental Association recommends that, to avoid oral diseases, individual should brush and floss at least once a day and visit a dentist regularly (Hayward et al., 1989). The low level of oral hygiene, and consequently accumulation of dental plaque on the cervical region of the teeth is an important risk factor for gingivitis and causes the extension of periodontitis, regardless of age (Abdellatif & Burt, 1987; Albandar, 1999). The relevance of dentistry lies in the relationship between the effective oral hygiene and the prevalence of periodontal diseases (Honkala et al., 1990). Adequate daily removal of dental plaque and preventive dental visits prevents periodontal diseases and dental caries (Axelsson, 1999; MacFall et al., 1989).
Epidemiology is the science and practice concerned with the distribution and determinants of states of health and disease in populations, and the application of this knowledge to control health problems (Last & Abramson, 1995). Periodontal epidemiology deals with the study of variations in the occurrence of periodontal diseases, and the reasons behind these variations. Periodontal epidemiology involves three aspects that form a hierarchy:

1. A description of the distribution of the periodontal diseases.
2. Identification of the cause of the problems, and
3. Application of the information from descriptive and analytical studies to control of the problems (Baelum & Scheutz, 2002).

From the epidemiological and clinical findings, it has become evident that there are different types of periodontal diseases, and therefore, different classifications have been applied at different times (Armitage, 2002). Several methods have been developed to study the distribution of periodontal diseases in a population. These methods are usually used to determine both the occurrence of periodontal diseases and associated conditions in the community. For each or more than one of the periodontal conditions there is an index that is specially designed to score the presence and/or extent of each condition of interest. The indices for periodontal conditions particularly the microbial dental plaque, calculus, gingival bleeding, gingival recession, periodontal pockets, connective tissue attachment levels have a long history of development and modifications to improve their applications.
and have been adopted from time to time (WHO, 1987; WHO, 1997; Beck & Arbes, 2006). None of the index is ideal as highlighted (Papapanou, 1996).

Geographically Libya is situated in North Africa in the Mediterranean region and is bordered by Egypt and Sudan in the east, Chad and Niger in the south, Algeria and Tunis in the West while on the northern side lies the Mediterranean sea. The total estimated population at midyear of 2006 was 5,323,991. With a geographic area of 1,775,500 square kilometers, it makes one of the lowest population density rates in the world, at 2.9 persons per km². Sebha a city in southern Libya has a population of 193,909 in mid 2006 with a male and female population of 98,369 and 95,540 respectively (www.gait.gov.ly). The country has 21 specialized hospitals, 26 rural hospitals, 36 general hospitals, 39 poly clinics, 23 communicable disease centres and 1165 primary health care units and centers (www.emro.who.int). The oral health care system in Libya consists of two parts Public and Private sectors which include the majority of dentists. Public dental clinics deliver simple oral examinations, scaling, tooth extractions and dental filling. No reports evaluate the functions of the present Libyan health care system on a national level.